No. **C 190550**	**Due no later than Mar 31, 2012** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** BLACKED EYED SMILES INC. JOSH NORMAN 2916 PACK SADDLE DR ST ANTHONY ID 83445	JOSH NORMAN 2916 PACK SADDLE DR ST ANTHONY ID 83445 3. New Registered Agent Signature:*

4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	JOSH NORMAN	2916 PACK SADDLE DR	CHESTER	ID	USA	83445

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 190550**	Signature: Josh Norman	Date: 04/13/2012
	Name (type or print): Josh Norman	Title: Owner

Processed 04/13/2012

* Electronically provided signatures are accepted as original signatures.