

08-352216

State of California Secretary of State

**FILED**In the office of the Secretary of State
of the State of California

AUG 15 2008

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STATEMENT OF INFORMATION

(Domestic Stock and Agricultural Cooperative Corporations)

FEES (Filing and Disclosure): \$25.00. If amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

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1 CORPORATE NAME (Please do not alter if name is preprinted.)**S**

Wow California Smile Inc #3120413
25911 Via Faro
Mission Viejo, Ca. 92691

DUE DATE:**COMPLETE ADDRESSES FOR THE FOLLOWING** (Do not abbreviate the name of the city. Items 2 and 3 cannot be P.O. Boxes.)

2 STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE	CITY	STATE	ZIP CODE
25911 Via Faro	Mission Viejo	Ca	92691

3 STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY	CITY	STATE	ZIP CODE
25911 Via Faro	Mission Viejo	CA	92691

4 MAILING ADDRESS OF THE CORPORATION, IF DIFFERENT THAN ITEM 2	CITY	STATE	ZIP CODE
25911 Via Faro	Mission Viejo	Ca	92691

NAMES AND COMPLETE ADDRESSES OF THE FOLLOWING OFFICERS (The corporation must have these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

5 CHIEF EXECUTIVE OFFICER/	ADDRESS	CITY	STATE	ZIP CODE
Iolanta Kovaler-Akerlind	25911 Via Faro	Mission Viejo	Ca	92691

6 SECRETARY/	ADDRESS	CITY	STATE	ZIP CODE
Iolanta Kovaler-Akerlind	25911 Via Faro	Mission Viejo	Ca	92691

7 CHIEF FINANCIAL OFFICER/	ADDRESS	CITY	STATE	ZIP CODE
Iolanta Kovaler-Akerlind	25911 Via Faro	Mission Viejo	Ca	92691

NAMES AND COMPLETE ADDRESSES OF ALL DIRECTORS, INCLUDING DIRECTORS WHO ARE ALSO OFFICERS (The corporation must have at least one director. Attach additional pages, if necessary.)

8 NAME	ADDRESS	CITY	STATE	ZIP CODE
Iolanta Kovaler-Akerlind	25911 Via Faro	Mission Viejo	Ca	92691

9 NAME	ADDRESS	CITY	STATE	ZIP CODE

10 NAME	ADDRESS	CITY	STATE	ZIP CODE

11 NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY 0**AGENT FOR SERVICE OF PROCESS** (If the agent is an individual, the agent must reside in California and Item 13 must be completed with a California street address (a P.O. Box address is not acceptable). If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 13 must be left blank.)**12 NAME OF AGENT FOR SERVICE OF PROCESS**

Iolanta Kovaler-Akerlind

13 STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL	CITY	STATE	ZIP CODE
25911 Via Faro	Mission Viejo	CA	92691

TYPE OF BUSINESS**14 DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION**

Teeth Whiting

15 BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE CALIFORNIA SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT6/16/08
DATE

Iolanta Kovaler-Akerlind

TYPE/PRINT NAME OF PERSON COMPLETING FORM

President

TITLE

SIGNATURE