

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L29645

FILED
Apr 26, 2006
Secretary of State

Entity Name: ALAN H. BRESALIER, D.D.S., P.A.

Current Principal Place of Business:

17190 ARVIDA PARKWAY STE 1
WESTON, FL 33326

New Principal Place of Business:

17190 ROYAL PALM BOULEVARD STE 1
WESTON, FL 33326

Current Mailing Address:

17190 ARVIDA PARKWAY STE 1
WESTON, FL 33326

New Mailing Address:

17190 ROYAL PALM BOULEVARD STE 1
WESTON, FL 33326

FEI Number: 65-0175804

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRESALIER, ALAN H
17190 ARVIDA PARKWAY STE 1
WESTON, FL 33326 US

Name and Address of New Registered Agent:

BRESALIER, ALAN H
17190 ROYAL PALM BOULEVARD STE 1
WESTON, FL 33326 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

04/26/2006

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BRESALIER, ALAN H.,
Address: 10233 CAPRI STREET
City-St-Zip: COOPER CITY, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN H. BRESALIER

D

04/26/2006

Electronic Signature of Signing Officer or Director

Date