

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000063647

FILED
Jan 06, 2009
Secretary of State

Entity Name: DENTALPLANS.COM, INC.

Current Principal Place of Business:

29 S. FEDERAL HWY
DANIA, FL 33004

New Principal Place of Business:

8100 SW 10TH STREET
SUITE 2000
PLANTATION, FL 33324

Current Mailing Address:

29 S. FEDERAL HWY
DANIA, FL 33004

New Mailing Address:

8100 SW 10TH STREET
SUITE 2000
PLANTATION, FL 33324

FEI Number: 65-1134463

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

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

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MICHAELIDES, GEORGE
Address: 5106 PRATT AVENUE
City-St-Zip: SKOKIE, IL 60077

Title: CEO () Delete
Name: BABYAK, JOSH
Address: 3328 OLD OAK LANE
City-St-Zip: HWD, FL 33021

Title: CTO () Delete
Name: PRICE, PAUL
Address: 6101 PALM TRACE LENDING DR.#313
City-St-Zip: DAVIE, FL 33314

Title: CFO () Delete
Name: JOHNSON, ALFRED G
Address: 13276 NW 16TH STREET
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: ALFRED G. JOHNSON

CFO

01/06/2009

Electronic Signature of Signing Officer or Director

_____ Date