

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000035627

Entity Name: 1-800-MY DENTIST, INC.

FILED
Apr 26, 2005
Secretary of State

Current Principal Place of Business:

2607 S WOODLAND BLVD
#265
DELAND, FL 32720

Current Mailing Address:

2607 S WOODLAND BLVD
#265
DELAND, FL 32720

FEI Number: 03-0513416

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

7900-D STEVENS MILL RD
#256
MATTHEWS, NC 28104

New Mailing Address:

7900-D STEVENS MILL RD
#256
MATTHEWS, NC 28104

Name and Address of Current Registered Agent:

BALISE, PETER
6939 SYLVAN WOODS DR
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

BIERNACKI, RAYMOND
2667 ENTERPRISE ROAD
ORANGE CITY, FL 32763 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: RAYMOND BIERNACKI

04/26/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BALISE, PETER S
Address: 6939 SYLVAN WOODS DR.
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BALISE, PETER S
Address: 7900-D STEVENS MILL RD #256
City-St-Zip: MATTHEWS, NC 28104

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PETER S BALISE

PRES

04/26/2005

Electronic Signature of Signing Officer or Director

Date