2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005
Secretary of State

DOCUMENT# P03000044926

Entity Name: PEDIATRIC DENTAL ASSOCIATES, INC.

Current Principal Place of Business:

3831 NW 112TH WAY
CORAL SPRINGS, FL 33065

New Principal Place of Business:

6775 SUNSET STRIP
SUNRISE, FL 33313

Current Mailing Address:

3831 NW 112TH WAY
CORAL SPRINGS, FL 33065

New Mailing Address:

6775 SUNSET STRIP
SUNRISE, FL 33313

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOERNER, OLGA P
3831 NW 112TH WAY
CORAL SPRINGS, FL 33065 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: PD ( ) Delete
Name: PORTER, STEVEN
Address: PSC 78 BOX 3625
City-St-Zip: APO AP, CA 96326

Title: VSD ( ) Delete
Name: PORTER, OLGA D
Address: PSC 78 BOX 3625
City-St-Zip: APO AP, CA 96326

Title: TD ( ) Delete
Name: KOERNER, OLGA P
Address: 3831 NW 112TH WAY
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: PORTER, STEVEN
Address: 1035 NW 117 AVE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VSD (X) Change ( ) Addition
Name: PORTER, OLGA D
Address: 1035 NW 117 AVE
City-St-Zip: CORAL SPRINGS, FL 33071

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 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: STEVEN J. PORTER PD 04/21/2005
Electronic Signature of Signing Officer or Director Date