

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 10, 2004  
Secretary of State**

DOCUMENT# P92000011891

Entity Name: DENTAL PRODUCTS TESTING, INC.

**Current Principal Place of Business:**

1497 FOREST HILL BLVD  
STE G  
WEST PALM BEACH, FL 33406 US

**New Principal Place of Business:**

**Current Mailing Address:**

1497 FOREST HILL BLVD  
STE G  
WEST PALM BEACH, FL 33406 US

**New Mailing Address:**

FEI Number: 65-0375406      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

D'ANGIO, ROBERT A JR  
10625 N MILITARY TR  
STE 208  
PALM BEACH GARDENS, FL 33410 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: V      ( ) Delete  
Name: MANKODI, HIMANSU M  
Address: 4312 MANOR FOREST WAY  
City-St-Zip: BOYNTON BCH, FL 33462

Title: P      ( ) Delete  
Name: MANKODI, SURENDRA M  
Address: 1497 FOREST HILL BLVD STE G  
City-St-Zip: WEST PALM BEACH, FL 33406

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: SURENDRA MANKODI

P

02/10/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date