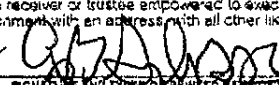


FILED**Apr 28, 2005 08:00 AM
Secretary of State****2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000055096			
1. Entity Name CRAIG B. SCHROEDER D.D.S., P.A.			
Principal Place of Business 1045 E. ATLANTIC AVE. SUITE 304 DELRAY BEACH, FL 33483	Mailing Address 1045 E. ATLANTIC AVE. SUITE 304 DELRAY BEACH, FL 33483		
DO NOT WRITE IN THIS SPACE		04252005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0525752	
		Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHROEDER, CRAIG B 1045 E. ATLANTIC AVE #304 DELRAY BEACH, FL 33483		DO NOT WRITE IN THIS SPACE	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
TO: OFFICERS AND DIRECTORS		1000000338503 04/28/05-80081-020 150.00 DO NOT WRITE IN THIS SPACE	
TITLE D			
NAME SCHROEDER, CRAIG B D.D.S.			
STREET ADDRESS 1045 E. ATLANTIC AVE., #304			
CITY-ST-ZIP DELRAY BEACH, FL 33483			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b) Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11; if changed or on an attachment with an address with all other like empowered.			
SIGNATURE:  CRAIG B. SCHROEDER D.D.S.		4/22/05 661-278-0388	
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Time Phone #	