


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90185 019 ***150.00

DOCUMENT # P96000104275 1. Entity Name DENTAL PERFECTIVE, INC.	
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Principal Place of Business 9025 PARK BLVD SEMINOLE, FL 33777	Mailing Address 9025 PARK BLVD SEMINOLE, FL 33777
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2. Principal Place of Business	3. Mailing Address	05022006	Chg-P	CR2E034 (11/05)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-3420783		
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Zip	Country	Zip	Country	Applied For Not Applicable

6. Name and Address of Current Registered Agent

FIGUEROA, CARMEN
3870 5TH AVENUE NORTH
ST. PETERSBURG, FL 33713

7. Name and Address of New Registered Agent

Name
FIGUEROA, CARMEN

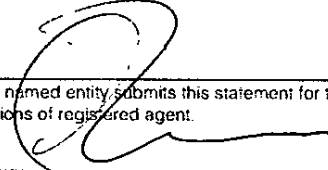
Street Address (P.O. Box Number is Not Acceptable)
9025 Park Blvd

City
Seminole

State
FL

Zip Code
33777

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:  5/1/06

(NOTE: Registered Agent signature required when retreating) DATE

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

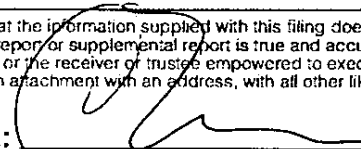
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	D FIGUEROA, CARMEN	<input type="checkbox"/>
NAME	FIGUEROA, CARMEN	
STREET ADDRESS	3870 5TH AVENUE NORTH	
CITY- ST- ZIP	ST. PETERSBURG, FL 33713	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	D FIGUEROA, CARMEN	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME	FIGUEROA, CARMEN		
STREET ADDRESS	9025 Park Blvd		
CITY- ST- ZIP	Seminole, FL 33777		
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY- ST- ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  5/1/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #