


FILED
May 14, 2007 8:00 am
Secretary of State

04-24-2007 90010 027 ***158.75

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P96000104275
 1. Entity Name
DENTAL PERFECTIVE, INC.



Principal Place of Business 9025 PARK BLVD SEMINOLE, FL 33777	Mailing Address 9025 PARK BLVD SEMINOLE, FL 33777
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DO NOT WRITE IN THIS SPACE



01292007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3420783	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
~~FIGUEROA, CARMEN~~
 9025 PARK BLVD
 SEMINOLE, FL 33777

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 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: SABAS FIGUEROA (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FIGUEROA, CARMEN
STREET ADDRESS	9025 PARK BLVD
CITY - ST - ZIP	SEMINOLE, FL 33777
TITLE	<u>SABAS FIGUEROA</u>
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5/10/07 727 398 2928