

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000104275

FILED
Apr 20, 2009
Secretary of State

Entity Name: DENTAL PERFECTIVE, INC.

Current Principal Place of Business:

9025 PARK BLVD
SEMINOLE, FL 33777

New Principal Place of Business:

Current Mailing Address:

9025 PARK BLVD
SEMINOLE, FL 33777

New Mailing Address:

FEI Number: 59-3420783 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIGUEROA, SABAS
9025 PARK BLVD
SEMINOLE, FL 33777 US

Name and Address of New Registered Agent:

FIGUEROA, SABAS E PRES.
9025 PARK BLVD
SEMINOLE, FL 33777 US

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: SABAS E FIGUEROA 04/20/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FIGUEROA, SABAS
Address: 9025 PARK BLVD
City-St-Zip: SEMINOLE, FL 33777

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: FIGUEROA, SABAS E
Address: 9025 PARK BLVD
City-St-Zip: SEMINOLE, FL 33777

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SABAS E FIGUEROA PRES 04/20/2009

Electronic Signature of Signing Officer or Director Date