
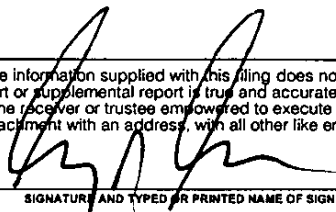


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90112 016 \*\*\*150.00

<b>DOCUMENT # 508092</b>			
1. Entity Name CREATIVE INSTITUTE OF DENTAL ARTS, INC.			
Principal Place of Business 5733 GRAND BLD. NEW PORT RICHEY, FL 34652		Mailing Address 5733 GRAND BLD. NEW PORT RICHEY, FL 34652	
2. Principal Place of Business <i>5721 Grand Blvd</i>		3. Mailing Address <i>5721 Grand Blvd</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>New Port Richey FL</i>		City & State <i>New Port Richey, FL</i>	
Zip <i>34652</i>		Zip <i>34652</i>	
Country		Country	
4. FEI Number 59-1679813		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GANN, GARY R. 10824 LUSCOMBE CT NEW PORT RICHEY, FL 34653		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEMATOS, STEVEN A 5733 GRAND BLVD NEW PORT RICHEY, FL 34652 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>5721 Grand Blvd</i> <i>New Port Richey FL 34652</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GANN, GARY R 10824 LUSCOMBE CT NEW PORT RICHEY, FL 34653 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: <i>1-24-06</i> (727) 842-6495	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	