2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 24, 2008 08:00 Al ıte

DOCUMENT # 508092 1. Entity Name CREATIVE INSTITUTE OF DENTAL ARTS, INC.				Secretary of Sta		
Principal Place 5721 GRAND NEW PORT R		Mailing Address 5721 GRAND BLVD NEW PORT RICHEY, FL 34652				1
D	O NOT WRITE	IN THIS SPA	CE	01212008 4. FEI Number 59-1679	No Chg-P	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required
NEW POR	SCOMBE CT T RICHEY, FL 34653	DO NOT WRITE IN THIS SPACE ad office or registered agent, or both, in the State of Florida. I am familiar with, and accept				
	ions of registered agent.		ed office of registe		. In the State of Fid	DATE
FIL	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		i.00 May Be ded to Fees		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D VP DEMATOS, STEVEN A 5721 GRAND BLVD NEW PORT RICHEY, FL 34852	IRECTORS	-		U0000 04/03/08	0868944 -80030-005 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GANN, GARY R 10824 LUSCOMBE CT NEW PORT RICHEY, FL 34653		-			
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TITLE NAME STREET ADDRESS			,			

12. I hereby certify that the information supplied with his 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 in 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:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-842.6495

Daytime Phone €