


**• 2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 675699</b> 1. Entity Name <b>BASIC DENTAL PRODUCTS, INC.</b>	
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Principal Place of Business <b>13 MAYFIELD WAY BOYNTON BEACH, FL 33426 US</b>	Mailing Address <b>13 MAYFIELD WAY BOYNTON BEACH, FL 33426 US</b>
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**DO NOT WRITE IN THIS SPACE**



04122006 No Chg-P CRZE034 (11/05)

4. FEI Number <b>59-2036163</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**PARLIN, MINA  
13 MAYFIELD WAY  
BOYNTON BEACH, FL 33426**

**DO NOT WRITE  
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 *Mina Parlin* (NOTE: Registered Agent signature required when reinstating)

DATE 4/11/06

<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"/> <b>\$5.00</b> May Be Added to Fees	<b>000000514474 04/29/06-80173-008 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD PARLIN, MINA 13 MAYFIELD WAY BOYNTON BEACH, FL 33426</b>
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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, without other like empowered.

SIGNATURE: *Mina Parlin* DATE 4/11/06 DAYTIME PHONE # 561.649.2414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR