PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

									-	
	RPORATION STATEME			TMENT OF STATI ry of State corporations		FIL EP 18	ED AM 10: 44			
DOCUMENT # F01000003 772 1. Corporation Name						TO TACH SEE ALONDA				
DDS USA, Inc.										
.		 -			1	000	79898;	161		
2. Principal Office Address 188 Inverness Dr. West 188			3. Mailing Office Addre 188 Inverne	ng Office Address Inverness Dr. West			TEB2E0811 1112/06	· 04 -	ე(J	
			Suite, Apt. #, etc. Suite 120		4. Date Incor	4. Date Incorporated or Qualified To Do Business in Florida July 17, 2001				
Englewood, CO			Englewood, CO		5. FEI Numb	er .	10015	Applie	ed For	
[™] 8011	0112 ປີ່ S A		80012	ÛŜA	6.	TIFICATE OF STATUS DESIRED \$8.75 Additional Fee requi			ee required	
			7. Name and /	Address of Current Regi	stered Agent					
	Florida Filing & Search Services, Inc.									
	Street Address (Fr.O. Box Number is Not Asseptable)									
	Suite, Apt. #, Etc.									
	Talla		State	32301						
8. I, being	<u> </u>	registered agent of the abov	named corporation, am	familiar with and accept the	ne obligations of sect					
Signature of Registered /		KD/b	GISTERED AGENT MUST		Date	9/18/	loc			
9. Names	and Street Ad	dresses of Each Officer and	or Director (Florida nonpre	ofit corporations must list	at least 3 directors)					
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State	e / Zip		
PD	Stephen G. Daniels		els 195	19590 E. Main Street		Parker, CO 80138			3	
						<u> </u>				
this reir owed b on this	nstatement app by the corporati application is to	officer or director or the receivablication, the reason for dissolon have been paid and the nurue and accurate, and my signature.	olution has been eliminated names of individuals listed (d, the corporate name sati on this form do not qualify ne legal effect as if made t	sfies the requirement for an exemption co	s of section ntained in (i 607.0401 or 617.040 Chapter 119, F.S. The	01, F.S., that al e information in	II fees idicated	
SIGNAT	IURE:	SNATURE AND TYPED OR PRI	NTED NAME OF SIGNING OF	ELCER OR DIRECTOR	LANK/-	Date /	Davti	ime Phone #	<u> </u>	



Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 September 7, 2006

Waiver Letter

To Whom It May Concern,

The purpose of this letter is to state that we have not received our Annual Reports for the years of 2004, 2005, and 2006.

In light of this, I hereby request the waiver of the \$600,00 Reinstatement Fee. Thank you in advance for your attention to this matter.

Sincerely,

Jeff Benofsky DSS USA Inc.

188 Inverness Drive West

Suite 120

Englewood, CO 80112

FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302 1333 N. DUVAL STREET, TALLAHASSEE, FL 32303 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

09-18-06

NAME:

DDS USA INC

TYPE OF FILING: ANNUAL REPORT

COST:

\$450 (WAIVER LETTER INCLUDED) + \$8.75= \$458.75

RETURN:

GOOD STANDING

ACCOUNT: FCA000000015

AUTHORIZATION:

ABBIE/PAU