2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000501

Entity Name: DENTOVATIONS, INC

FILED Jan 23, 2006 Secretary of State

LIILILY INA	ine. DENTO			
Current Principal Place of Business:			New Principal Place of Business:	
9508 WES	ST PARK VILL	AGE DRIVE		
JNIT 102 FAMPA, F	FL 33626 L	IS		
Current Mailing Address:			New Mailing Address	s:
9508 WES	ST PARK VILL	AGE DRIVE		
JNIT 102 FAMPA, F	- -L 33626 L	IS		
	r: 41-2044918	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of	Current Registered Agent:	Name and Address o	of New Registered Agent:
		LVD., SUITE 2800 IS		
ΓΑΜΡΑ, F				
ΓΑΜΡΑ, F The above			purpose of changing its registere	d office or registered agent, or both,
TAMPA, F The above n the Stat	e named entity e of Florida.		purpose of changing its registered	d office or registered agent, or both,
ΓΑΜΡΑ, F Γhe above n the Stat	e named entity e of Florida. RE:			d office or registered agent, or both, Date
ΓΑΜΡΑ, F Γhe above n the Stat SIGNATU	e named entity e of Florida. RE: Electro	submits this statement for the		
TAMPA, F The above n the Stat SIGNATU	e named entity e of Florida. RE: Electro	submits this statement for the nic Signature of Registered Ag	ent	
ΓΑΜΡΑ, F The above In the State BIGNATU Election Ca DFFICER Vitle: Value: Values: Values:	e named entity e of Florida. RE: Electro mpaign Financia S AND DIRECTO PTD (BROWN, DAM	submits this statement for the onic Signature of Registered Aging Trust Fund Contribution (). CTORS:) Delete 100 PARK VILLAGE DR, UNIT 102	ent	Date
TAMPA, F The above n the Stat SIGNATU	e named entity e of Florida. RE: Electro mpaign Financia S AND DIRECT PTD (BROWN, DAN 9508 WEST F TAMPA, FL 3 SD (DIASTI, ADAN	submits this statement for the mic Signature of Registered Aging Trust Fund Contribution (). CTORS:) Delete 100 100 100 100 100 100 100 100 100 10	ent ADDITIONS/CHANGI Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

I hereby certify that the information supplied with this filing does not qualify for the 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.

01/23/2006