

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004364

FILED  
Apr 18, 2005  
Secretary of State

Entity Name: PROFESSIONAL DENTAL TECHNOLOGIES THERAPEUTICS, INC.

**Current Principal Place of Business:**

267 EAST MAIN  
BATESVILLE, AR 72501

**New Principal Place of Business:**

**Current Mailing Address:**

267 EAST MAIN  
BATESVILLE, AR 72501

**New Mailing Address:**

FEI Number: 71-0733040      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PCD ( ) Delete  
Name: EVANS, WILLIAM T  
Address: 267 EAST MAIN  
City-St-Zip: BATESVILLE, AR 72501

Title: V ( ) Delete  
Name: NEWTON, FRANK H III  
Address: 267 EAST MAIN  
City-St-Zip: BATESVILLE, AR 72501

Title: STD ( ) Delete  
Name: CHRISTIAN, ROBERT E  
Address: 267 EAST MAIN  
City-St-Zip: BATESVILLE, AR 72501

Title: V ( ) Delete  
Name: LAND, RICHARD L  
Address: 267 EAST MAIN  
City-St-Zip: BATESVILLE, AR 72501

Title: D ( ) Delete  
Name: LEMON, J. ROBERT  
Address: 267 EAST MAIN  
City-St-Zip: BATESVILLE, AR 72501

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: ROBERT E. CHRISTIAN

STD

04/18/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date