


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # F03000001217	
1. Entity Name PEARSON DENTAL SUPPLIES, INC.	

Principal Place of Business 3533 MERCY DR. ORLANDO, FL 32808	Mailing Address 13161 TELFAIR AVE. SYLMAR, CA 91342
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DO NOT WRITE IN THIS SPACE



01122007 No Chg-P CR2E034 (11/05)

4. FEI Number 95-3911712	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ZEPPIERI, RONALD M 3533 MERCY DR. ORLANDO, FL 32808	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CPT KASHFIAN, KEYHAN 13161 TELFAIR AVE. SYLMAR, CA 91342
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCVP KASHFAIN, PARVIZ 13161 TELFAIR AVE. SYLMAR, CA 91342
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KASHFAIN, NADER 13161 TELFAIR AVE. SYLMAR, CA 91342
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01/24/07-80057-020 150.00

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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, with all other like empowered.

SIGNATURE: 	KEYHAN KASHFIAN	1/16/07	(818) 362-2600
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>