


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # F05000007577	
1. Entity Name INTERNATIONAL ACADEMY OF ORAL MEDICINE AND TOXICOLOGY, INC.	

Principal Place of Business 8297 CHAMPIONSGATE BLVD., #193 CHAMPIONSGATE, FL 33896	Mailing Address 8297 CHAMPIONSGATE BLVD., #193 CHAMPIONSGATE, FL 33896
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04052006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3628306	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SMITH, KYM 8297 CHAMPIONSGATE BLVD., #193 CHAMPIONSGATE, FL 33896
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, KYM 8297 CHAMPIONSGATE BLVD., #193 CHAMPIONSGATE, FL 33896
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BASCIAO, MARCIA DR. 2932 FINLEY RD., #103 DOWNERS GROVE, IL 60515
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MESSERMAN, TERRY DR 2325D CHAGRIN BLVD., BLDG. 5 STE 355 BEACHWOOD, OH 44122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STOPKA, JANET DR. 2932 FINLEY RD, #103 DOWNERS GROVE, IL 60515
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DRESSIER, RONALD DR 5875 JIMMY CARTER BLVD., STE 730 NORCROSS, GA 30071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000515851
04/29/06-80228-004 61.25

**DO NOT WRITE
IN THIS SPACE**

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 617, 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: Kym Smith Kym Smith Executive Director 4/14/06 803-420-6371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #