2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2009
Secretary of State

DOCUMENT# F68548

Entity Name: STEVE'S DENTAL ARTS, INC.

Current Principal Place of Business:

7075 SUGAR MAGNOLIA CIRCLE
NAPLES, FL 34109 US

New Principal Place of Business:

28938 ZAMORA COURT
BONITA SPRINGS, FL 34135 US

Current Mailing Address:

7075 SUGAR MAGNOLIA CIRCLE
NAPLES, FL 34109 US

New Mailing Address:

28938 ZAMORA COURT
BONITA SPRINGS, FL 34135 US

FEI Number: 59-2260362 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOLYEA, STEPHENS B.
7075 SUGAR MAGNOLIA CIRCLE
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

BOLYEA, STEPHENS B.
28938 ZAMORA COURT
BONITA SPRINGS, FL 34135 US

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: 02/15/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BOLYEA, STEPHENS B.,
Address: 7075 SUGAR MAGNOLIA CIRCLE
City-St-Zip: NAPLES, FL 34109

Title: STD ( ) Delete
Name: BOLYEA, KATHERINE R.,
Address: 7075 SUGAR MAGNOLIA CIRCLE
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BOLYEA, STEPHENS B.,
Address: 28938 ZAMORA COURT
City-St-Zip: BONITA SPRINGS, FL 34135

Title: STD (X) Change ( ) Addition
Name: BOLYEA, KATHERINE R.,
Address: 28938 ZAMORA COURT
City-St-Zip: BONITA SPRINGS, FL 34135

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

SIGNATURE: STEPHENS B. BOLYEA PD 02/15/2009
Electronic Signature of Signing Officer or Director — Date