2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005126

134 KIRSLIN AVE

NEW YORK, NY 10374

Address: City-St-Zip:

Entity Name: BECKER-PARKIN DENTAL SUPPLY CO. INC.

FILED Apr 30, 2007 Secretary of State

| Current P | incipal Place | of Business: | New Principal Place of Business: | | |
|---|---|----------------------------------|---|--------------------------------------|--|
| 450 W 33R NEW YOR | D ST K, NY 10001 | US | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| 450 W 33R NEW YOR | D ST K, NY 10001 | US | | | |
| FEI Number: | 13-2751374 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of New Registered Agent: | | |
| MORELY, LISA C/O BECKER-PARKIN DENTAL 1700 NW 65TH AVE PLANTATION, FL 33313 US | | | | | |
| The above in the State | | ubmits this statement for the pu | rpose of changing its registered | office or registered agent, or both, | |
| SIGNATUR | RE: | | | | |
| Electronic Signature of Registered Agent | | | nt | Date | |
| Election Can | npaign Financing | Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | |
| Title: Name: Address: City-St-Zip: | V () [SALZMAN, BARF 115 CENTRAL P NEW YORK, NY | ARK WEST | Title: (Name: Address: City-St-Zip: |) Change () Addition | |
| Title: Name: Address: City-St-Zip: | P () I SALZMAN, FREE 3200 NORTH OC FT. LAUDERDAL | EAN BLVD | Title: (Name: Address: City-St-Zip: |) Change ()Addition | |
| Title: Name: | CFO ()[GREESBERG, C | Delete RAIG | Title: (Name: |) Change () Addition | |

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.

Address:

City-St-Zip:

SIGNATURE: CRAIG GREENBERG CFO 04/30/2007