2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000000519

Entity Name: VFD OF PENNSYLVANIA, INC.

FILED Jan 17, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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C/O MONARCH DENTAL CORPORATION TOLLWAY PL 15950 NORTH DALLAS PARKWAY, #825 DALLAS, TX 75248 US

Current Mailing Address:

New Mailing Address:

C/O MONARCH DENTAL CORP, ATTN V. BUTLER 650 INTERNATIONAL PARKWAY, #100 RICHARDSON, TX 75081 US C/O BRIGHT NOW! DENTAL, ATTN: ROBIN CLOW 201 E. SANDPOINTE, SUITE 800 SANTA ANA, CA 92707 US

FEI Number: 23-2818443 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:

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS () Delete

Name: BILT, STEVE Address: 201 E. SANDPOINTE STE 200

Address: 201 E. SANDPOINTE STE 20
City-St-Zip: SANTA ANA, CA 92707 US

Title: VT () Delete Name: SCHMIDT, BRAD

Address: 201 E. SANDPOINTE STE 200 City-St-Zip: SANTA ANA, CA 92707 US

Title: () Delete

Name:

Address: City-St-Zip: Title: PS (X) Change () Addition

Name: BILT, STEVE

Address: 201 E. SANDPOINTE STE 800
City-St-Zip: SANTA ANA, CA 92707 US

Title: VT (X) Change () Addition

Name: SCHMIDT, BRAD

Address: 201 E. SANDPOINTE STE 800 City-St-Zip: SANTA ANA, CA 92707 US

Title: V () Change (X) Addition

Name: SECHREST, ALAN

Address: 201 E. SANDPOINTE, SUITE 800 City-St-Zip: SANTA ANA, CA 92707 US

I hereby certify that the information supplied with this filing does not qualify for the 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: BRADLEY E. SCHMIDT VT 01/17/2007