2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008
Secretary of State

DOCUMENT# F96000001509

Entity Name: FUTUREDONTICS, INC.

Current Principal Place of Business:

6060 CENTER DRIVE
7TH FLOOR
LOS ANGELES, CA 900451596

New Principal Place of Business:

Current Mailing Address:

6060 CENTER DRIVE
7TH FLOOR
LOS ANGELES, CA 900451596

New Mailing Address:

FEI Number: 95-4062982 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Title:	D	( ) Delete
Name:	ST DENIS, GARY	
Address:	6060 CENTER DRIVE 7TH FLOOR	
City-St-Zip:	LOS ANGELES, CA 900451596	
Title:	CEOD	( ) Delete
Name:	JOYAL, ALFRED	
Address:	6060 CENTER DRIVE 7TH FLOOR	
City-St-Zip:	LOS ANGELES, CA 900451596	
Title:	CMOD	( ) Delete
Name:	JOYAL, RON	
Address:	6060 CENTER DRIVE 7TH FLOOR	
City-St-Zip:	LOS ANGELES, CA 900451596	
Title:	PD	( ) Delete
Name:	TWERSKY, LARRY	
Address:	6060 CENTER DRIVE 7TH FLOOR	
City-St-Zip:	LOS ANGELES, CA 900451596	
Title:	CTO	( ) Delete
Name:	MCALLISTER, BRET	
Address:	6060 CENTER DRIVE 7TH FLOOR	
City-St-Zip:	LOS ANGELES, CA 900451596	
Title:	CFO	( ) Delete
Name:	GOLDFADEN, STUART	
Address:	6060 CENTER DRIVE 7TH FLOOR	
City-St-Zip:	LOS ANGELES, CA 900451596	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	COOD	(X) Change ( ) Addition
Name:	JOYAL, RON	
Address:	6060 CENTER DRIVE 7TH FLOOR	
City-St-Zip:	LOS ANGELES, CA 900451596	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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: LARRY TWERSKY PD 04/11/2008

Electronic Signature of Signing Officer or Director — Date