


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # F97000000645</b> 1. Entity Name THE PREMIER DENTAL GROUP, INC.	
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Principal Place of Business 15800 32ND AVE N #120 PLYMOUTH, MN 55447	Mailing Address 15800 32ND AVE N #120 PLYMOUTH, MN 55447
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**DO NOT WRITE IN THIS SPACE**



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 41-1694906	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000851985 03/26/08-80009-022 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARGROVE, PAMELA S 15800 32ND AVE N #120 PLYMOUTH, MN 55447
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FARRELL, TIM 15800 32ND AVE N #120 PLYMOUTH, MN 55447
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROMEN, BRUCE 657 MAIN ST ELK RIVER, MN 55330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMILLAN, DONALD G DDS 898 MENDAKOTA CT MENDOTA HEIGHTS, MN 551201338
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINGSANK, TOM 3405 ANNNPOLIS LANE N PLYMOUTH, MN 55447
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 607, 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:** Pamela S Hargrove, Pamela Shaw Hargrove 3/14/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #