2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # G70173 1. Entity Name				Secretary of State
ALAN C.	LEVIN, B.D.S., P.A.			
Principal Plac	e of Business	Mailing Address		
3440 CONWAY BLVD #2A PORT CHARLOTTE FL 33952		3440 CONWAY BLVD #2A PORT CHARLOTTE FL 33952		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/05)
City & State		City & State		4. FEI Number 59-2342529 Applied For Not Applied.
Ζìρ	Country	Zιp	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	<u>'</u>	7. Name and Address of New Registered Agent
1 EV	IN ALANC		Name	
LEVIN, ALAN C 3440 CONWAY BLVD #2A PORT CHARLOTTE FL 33952			Street Addre	ess (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
After	Signature, typed or printed neme of registered agen ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.00 k Payable to Florida Department of	Section of the sectio	IC: Registered Agent signature rei	9. Election Campaign Financing \$5.00 May B Trust Fund Contribution. Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST LEVIN, ALAN C 3440 CONWAY BLVD #2A PRT CHARLOTTE FL	☐ Delete	HILE NAME STREET ADDRESS CITY-ST-2IP	□ Change □ MASS 1000000436989 02/28/06~90024~018 150.00
HTRE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CTTY-ST-ZIP	☐ Change ☐ Ad-fini
TITLE NAME STREET ADDRESS CHY-ST-ZP		CJ Detate	HTLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE MAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ ACM
THILE NAME STREET ADDRESS CITY-ST-2P		☐ Doleto	TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Change ☐ Aultilia
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addison

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes, I turther 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 path, 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 without address, with all other like empowered.

SIGNATURE:

llan Chemi

2-14-06 941-629-431

FILED