2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2011
Secretary of State

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Entity Name: ALL SMILES DENTAL ASSISTANT SCHOOL, LLC

Current Principal Place of Business:

712 US HIGHWAY ONE
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

1133 EGRET CIRCLE S
JUPITER, FL 33458

Current Mailing Address:

1847 JUNO ISLES BLVD
NORTH PALM BEACH, FL 33408

New Mailing Address:

1133 EGRET CIRCLE S
JUPITER, FL 33458

FEI Number: 20-3314433 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUFF, SCOTT G
1847 JUNO ISLES BLVD
NORTH PALM BEACH, FL 33408 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: DUFF, SCOTT
Address: 1133 EGRET CIRCLE S
City-St-Zip: JUPITER, FL 33458 UN

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statues.

SIGNATURE: SCOTT DUFF MGMB 05/01/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date