2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2007
Secretary of State

DOCUMENT# L06000089468

Entity Name: DENTAL DIRECT LLC

Current Principal Place of Business:

2681 SHADY AVE.
NORTH PORT, FL 34286

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 494207
PORT CHARLOTTE, FL 339494207

New Mailing Address:

FEI Number: 20-5591700 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROE, LESLIE M
1418 NE SHIBLON DR.
ARCADIA, FL 34266 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: MGR ( ) Delete
Name: KNOLL, KELLI S
Address: 2681 SHADY AVE.
City-St-Zip: NORTH PORT, FL 34286

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: ROE, LESLIE
Address: 1418 NE SHIBLON DR.
City-St-Zip: ARCADIA, FL 34266 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 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 Statutes.

SIGNATURE: KELLI S KNOLL MGR 02/16/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date