2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L59217

Entity Name: VIDEO DENTAL CONCEPTS, INC.

Current Principal Place of Business:

110 E GRANADA BLVD
STE 207
ORMOND BEACH, FL 32176 US

New Principal Place of Business:

P.O BOX 36
ORMOND BEACH, FL 32175 US

Current Mailing Address:

110 E GRANADA BLVD
STE 207
ORMOND BEACH, FL 32176 US

New Mailing Address:

P.O BOX 36
ORMOND BEACH, FL 32175 US

FEI Number: 59-3007861 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BERTHOIN, CLAUDE D
110 EAST GRANADA BLVD
STE 207
ORMOND BEACH, FL 32176 US

Name and Address of New Registered Agent:

BERTHOIN, CLAUDE D
P.O BOX 36
ORMOND BEACH, FL 32175 US

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: 04/29/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BERTHOIN, CLAUDE D
Address: 570 JOHN ANDERSON DR.
City-St-Zip: ORMOND BEACH, FL 32176

Title: VP ( ) Delete
Name: BERTHOIN, MICHAELLE T
Address: 570 JOHN ANDERSON DR.
City-St-Zip: ORMOND BEACH,, FL 32176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BERTHOIN, CLAUDE D
Address: P.O BOX 36
City-St-Zip: ORMOND BEACH, FL 32175

Title: VP (X) Change ( ) Addition
Name: BERTHOIN, MICHAELLE T
Address: P.O BOX 36
City-St-Zip: ORMOND BEACH,, FL 32175

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: CLAUDE BERTHOIN DP 04/29/2009
Electronic Signature of Signing Officer or Director — Date