2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2006
Secretary of State

DOCUMENT# L66314

Entity Name: FAMILY DENTISTRY, INC.

Current Principal Place of Business:

3301 49TH ST. NO
ST. PETERSBURG, FL 33710 US

New Principal Place of Business:

Current Mailing Address:

3301 49TH ST. NO.
ST. PETERSBURG, FL
ST. PETERSBURG, FL 33710 US

New Mailing Address:

FEI Number: 59-3006264 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KUBA, MICHAEL
800 CAPRI BLVD., ISLE OF CAPRI
TREASURE ISLAND, FL 33706 US

Name and Address of New Registered Agent:

KUBA, MICHAEL C
800 CAPRI BLVD., ISLE OF CAPRI
TREASURE ISLAND, FL 33706 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: MICHAEL C. KUBA 02/05/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MICHAEL, KUBA
Address: 800 CAPRI BLVD
City-St-Zip: TREASURE ISLAND, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MICHAEL, KUBA C
Address: 800 CAPRI BLVD
City-St-Zip: TREASURE ISLAND, FL 33706 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 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: MICHAEL C. KUBA PD 02/05/2006
Electronic Signature of Signing Officer or Director Date