2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004
Secretary of State

DOCUMENT# L66770

Entity Name: NATIONAL DENTAL PROGRAMS, INC.

Current Principal Place of Business:

7000 NW 17TH ST #102
PLANTATION, FL 33313

New Principal Place of Business:

Current Mailing Address:

2080 OLD DOMINION ROAD
ATLANTA, GA 30350 US

New Mailing Address:

FEI Number: 65-0189923 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLOY, GARY
7000 NW 17TH ST #102
PLANTATION, FL 33313 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: ALLOY, GARY,
Address: 7000 NW 17TH ST #102
City-St-Zip: PLANTATION, FL

Title: VP ( ) Delete
Name: ALLOY, MARILYN,
Address: 2080 OLD DOMINION RD.
City-St-Zip: ATLANTA, GA

Title: CFO ( ) Delete
Name: ALLOY, JASON
Address: 2080 OLD DOMINION ROAD
City-St-Zip: ATLANTA, GA 30350

Title: S ( ) Delete
Name: ALLOY, TAMI
Address: 2080 OLD DOMINION ROAD
City-St-Zip: ATLANTA, GA 30350

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GARY ALLOY PRES 02/02/2004

Electronic Signature of Signing Officer or Director Date