## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L66770

Entity Name: NATIONAL DENTAL PROGRAMS, INC.

FILED Apr 13, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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7000 NW 17TH ST #102 3421 NORTH 41ST COURT PLANTATION, FL 33313 HOLLYWOOD, FL 33021

Current Mailing Address: New Mailing Address:

2080 OLD DOMINION ROAD ATLANTA, GA 30350 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ALLOY, GARY
7000 NW 17TH ST #102
PLANTATION, FL 33313
US
ALLOY, GARY
3421 NORTH 41ST COURT
HOLLYWOOD, FL 33021
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: GARY ALLOY 04/13/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ATLANTA, GA 30350

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP ( ) Delete Title: PRES (X) Change ( ) Addition

Name: ALLOY, GARY, Name: ALLOY, GARY

 Address:
 7000 NW 17TH ST #102
 Address:
 3421 NORTH 41ST COURT

 City-St-Zip:
 PLANTATION, FL
 City-St-Zip:
 HOLLYWOOD, FL
 33021

Title: VP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 ALLOY, MARILYN,
 Name:

 Address:
 2080 OLD DOMINION RD.
 Address:

 City-St-Zip:
 ATLANTA, GA
 City-St-Zip:

Title: CFO ( ) Delete Title: ( ) Change ( ) Addition

Name: ALLOY, JASON Name:
Address: 2080 OLD DOMINION ROAD Address:

Title: S () Delete Title: () Change () Addition

 Name:
 ALLOY, TAMI
 Name:

 Address:
 2080 OLD DOMINION ROAD
 Address:

 City-St-Zip:
 ATLANTA, GA 30350
 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.

City-St-Zip:

SIGNATURE: GARY ALLOY PRES 04/13/2005