2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2007
Secretary of State

DOCUMENT# M05000006321

Entity Name: PERIO PROTECT, LLC

Current Principal Place of Business:

3929 BAYLESS AVENUE STE. A
SAINT LOUIS, MO 63125

New Principal Place of Business:

Current Mailing Address:

3929 BAYLESS AVENUE STE. A
SAINT LOUIS, MO 63125

New Mailing Address:

FEI Number: 43-1926211 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: KELLER, DUANE C
Address: 4037 S. LINDBERGH BLVD
City-St-Zip: SAINT LOUIS, MO 63127

Title: MGR ( ) Delete
Name: KELLER, CAROL A
Address: 4037 S. LINDBERGH BLVD
City-St-Zip: SAINT LOUIS, MO 63127

Title: MGR ( ) Delete
Name: DUNLAP, DOUGLAS N
Address: 12 VICKSBURG CIRCLE
City-St-Zip: SAINT LOUIS, MO 63123

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change ( ) Addition
Name: DUNLAP, DOUGLAS N
Address: 14 VICKSBURG CIRCLE
City-St-Zip: SAINT LOUIS, MO 63123

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: CAROL A. KELLER MGR 04/20/2007

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