2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2008
Secretary of State

DOCUMENT# N07000007650

Entity Name: DENTAL ADVENTURE INC.

Current Principal Place of Business:

4214 SW SANTA BARBARA PLACE
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

4214 SW SANTA BARBARA PLACE
CAPE CORAL, FL 33914

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PALERMO, ROSAURA
4214 SW SANTA BARBARA PLACE
CAPE CORAL, FL 33914 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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ARENCIBIA, ZULEIDY
Address: 4214 SW SANTA BARBARA PLACE
City-St-Zip: CAPE CORAL, FL 33914

Title: VP ( ) Delete
Name: ARENCIBIA, RONY
Address: 4214 SW SANTA BARBARA PLACE
City-St-Zip: CAPE CORAL, FL 33914

Title: ST ( ) Delete
Name: PALERMO, ROSAURA
Address: 4214 SW SANTA BARBARA PLACE
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change ( ) Addition
Name: ARENCIBIA, RONY
Address: 4214 SW SANTA BARBARA PLACE
City-St-Zip: CAPE CORAL, FL 33914

Title: VP (X) Change ( ) Addition
Name: PALERMO, ROSAURA
Address: 4214 SW SANTA BARBARA PLACE
City-St-Zip: CAPE CORAL, FL 33914

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ZULEIDY ARENCIBIA P 07/22/2008

Electronic Signature of Signing Officer or Director — Date