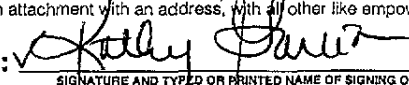


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000006718 1. Entity Name KID'S DENTAL PLACE INC.		
Principal Place of Business 1019 S. UNIVERSITY DRIVE PLANTATION, FL 33324	Mailing Address 1019 S. UNIVERSITY DRIVE PLANTATION, FL 33324	
DO NOT WRITE IN THIS SPACE		 01192005 No Chg-P CR2E034 (10/03)
		4. FEI Number 65-0975638 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent GARCIA, KATHY 1019 S. UNIVERSITY DRIVE PLANTATION, FL 33324		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE	P	
NAME	GARCIA, KATHY	
STREET ADDRESS	3726 NE 208 ST	
CITY - ST - ZIP	AVENTURA, FL 33180	
TITLE	D	
NAME	NAJARIAN, STEPHEN	
STREET ADDRESS	3726 NE 208 ST	
CITY - ST - ZIP	AVENTURA, FL 33180	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:   1/20/05 954-472-1722		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #