2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2006
Secretary of State

DOCUMENT# P00000034488

Entity Name: DENTAL MANAGEMENT SYSTEMS INC.

Current Principal Place of Business:

1560 MATTHEW DR
C
FORT MYERS, FL 33907

New Principal Place of Business:

12995 S CLEVELAND AVENUE
SUITE 59
FORT MYERS, FL 33907

Current Mailing Address:

1560 MATTHEW DR
C
FORT MYERS, FL 33907

New Mailing Address:

12995 S CLEVELAND AVENUE
SUITE 59
FORT MYERS, FL 33907

FEI Number: 65-0993490 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NUSSER, EDWARD
1560 MATTHEW DR
C
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

NUSSER, EDWARD
8018 GATOR PALM DRIVE
FORT MYERS, FL 33912 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: EDWARD NUSSER 01/06/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEOP ( ) Delete
Name: NUSSER, EDWARD
Address: 1560 MATTHEW DR
City-St-Zip: FORT MYERS, FL 33907

Title: COO ( ) Delete
Name: VAN PELT, THOMAS
Address: 1560 MATTHEW DRIVE
City-St-Zip: FORT MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOP (X) Change ( ) Addition
Name: NUSSER, EDWARD
Address: 8018 GATOR PALM DRIVE
City-St-Zip: FORT MYERS, FL 33912

Title: COO (X) Change ( ) Addition
Name: GAGNE, THOMAS
Address: PO BOX 462
City-St-Zip: GIBSONIA, PA 15044

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 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: THOMAS GAGNE COO 01/06/2006
Electronic Signature of Signing Officer or Director Date