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Jun 19, 2006 8:00 am
Secretary of State
05-05-2006 90197 048 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000043686

1. Entity Name
FIRST IMPRESSION DENTAL, INCORPORATED

Principal Place of Business
~~14 S EVERGREEN~~
~~CLEARWATER, FL 33756~~
8796 Hwy 10
Tahlequah OK 74464

Mailing Address
~~14 S EVERGREEN~~
~~CLEARWATER, FL 33756~~
→ Same

01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3650175 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUNN, DENNIS R
~~14 S EVERGREEN~~
~~CLEARWATER, FL 33756~~
320 Molokai Lane
Largo Fl 33770

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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 Dennis Dunn President [signature] 4-21-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	DUNN, DENNIS R
STREET ADDRESS	~~14 S EVERGREEN~~ 320 Molokai Lane
CITY-ST-ZIP	~~CLEARWATER, FL 33756~~ Largo Fl 33770
TITLE	V
NAME	DUNN, REBECCA
STREET ADDRESS	~~807 JACARANDO DRIVE~~ 8796 Hwy 10
CITY-ST-ZIP	~~LARGO, FL 33770~~ Tahlequah OK 74464
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: [signature] 4-21-06 918-~~456-64~~ 453-0648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #