

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P00000051482

1. Entity Name  
EVN DENTAL STUDIO, INC.



**FILED  
May 03, 2005 8:00 am  
Secretary of State**

05-03-2005 90075 003 \*\*\*150.00

Principal Place of Business  
2001 N. STATE RD 7  
MARGATE, FL 33063

Mailing Address  
2001 N. STATE RD 7  
MARGATE, FL 33063

**DO NOT WRITE IN THIS SPACE**

04122005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1007987	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

NUTTER, EDWIN V  
9258 KETAY CIRCLE NORTH  
BOCA RATON, FL 33434

**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

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUTTER, EDWIN V 9258 KETAY CIRCLE NORTH BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Nutter, Edwin V 3001 - NW 48th Ave Coconut Creek, Fl., 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 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: Edwin V. Nutter  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/05 954-968-0055  
Date Daytime Phone #