2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006
Secretary of State

DOCUMENT# P00000101933

Entity Name: ROBERT P. WOLFENDEN, D.D.S., P.A.

Current Principal Place of Business:

1821 WELLNESS LANE
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

Current Mailing Address:

1821 WELLNESS LANE
NEW PORT RICHEY, FL 34655

New Mailing Address:

FEI Number: 59-3679101 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GASSMAN, ALAN S ESQ
1248 SEVEN SPRINGS BLVD, STE B
NEW PORT RICHEY, FL 34655 US

Name and Address of New Registered Agent:

GASSMAN, ALAN S ESQ
1245 COURT ST ST 102
CLEARWATER, FL 33756 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: 01/25/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WOLFENDEN, ROBERT P D.D.S.
Address: 1821 WELLNESS LANE
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: ROBERT P WOLFENDEN D 01/25/2006
Electronic Signature of Signing Officer or Director — Date