

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000030203

1. Entity Name
EXCLUSIVE DENTAL ART STUDIO CORP.



Principal Place of Business
2000 E. OAKLAND PARK BLVD
SUITE 109
FORT LAUDERDALE, FL 33306 US

Mailing Address
2000 E. OAKLAND PARK BLVD
SUITE 109
FORT LAUDERDALE, FL 33306 US

2. Principal Place of Business
EXCLUSIVE DENTAL ART STUDIO
Suite, Apt. #, etc.
801 S.E. 6TH AVE. STE 206
City & State
DELRAY BEACH, FL
Zip
33483

3. Mailing Address
EXCLUSIVE DENTAL ART STUDIO
Suite, Apt. #, etc.
801 S.E. 6TH AVE STE 206
City & State
DELRAY BEACH, FL
Zip
33483

03102005 Chg-P CR2E034 (10/03)

4. FEI Number 22-3792418	Applied For <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BEN-BASSAT, KOBY 2000 S. OCEAN BLVD # 12 A LAUDERDALE-BY-THE-SEA, FL 33062	7. Name and Address of New Registered Agent Name MARY MULDOON Street Address (P.O. Box Number is Not Acceptable) 6327 BUCHANAN STREET City HOLLYWOOD Zip Code FL 33024

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 **3/11/05**

**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 **P**
NAME **RUBANOVA, NATALIA**
STREET ADDRESS **1930 PALMETTO AVE. #15**
CITY-ST-ZIP **DAYTONA BEACH, FL 32119**

Delete

TITLE **D**
NAME **BEN-BASSAT, KOBY**
STREET ADDRESS **2000 S. OCEAN BLVD APT "12A"**
CITY-ST-ZIP **LAUDERDALE-BY-THE-SEA, FL 33062**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**
NAME **MARY MULDOON**
STREET ADDRESS **6327 BUCHANAN STREET**
CITY-ST-ZIP **HOLLYWOOD, FL -33024**

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/05 561-279-0107
Date Daytime Phone #