

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000051853

FILED
Jan 11, 2007
Secretary of State

Entity Name: FOWLER DENTAL STUDIO, INC.

Current Principal Place of Business:

808 E. OCEAN BLVD.
SUITE B
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

808 E. OCEAN BLVD.
SUITE B
STUART, FL 34994

New Mailing Address:

FEI Number: 65-1108032 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOWLER, HARVEY J
808 E OCEAN BLVD STE B
STUART, FL 34994 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: CHAPMAN, JOYCE E
Address: 1409 ALPINE ST., SE
City-St-Zip: DECATUR, AL 35603

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: FOWLER, HARVEY J
Address: 10571 SW LANDS END PL
City-St-Zip: PALM CITY, FL 34990 US

Title: VP () Change (X) Addition
Name: FOWLER, TAWNIA M
Address: 10571 SW LANDS END PL
City-St-Zip: PALM CITY, FL 34990 US

Title: SEC () Change (X) Addition
Name: CHAPMAN, JOYCE E
Address: 1409 ALPINE ST. SE
City-St-Zip: DECATUR, AL 35603 US

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: TAWNIA FOWLER

VP

01/11/2007

Electronic Signature of Signing Officer or Director

_____ Date