2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 30, 2006 08:00 AM **Secretary of State DOCUMENT # P01000075684** GERARD A. PERRET JR., DDS, P.A. Principal Place of Business Mailing Address 15283 AMBERLY DRIVE 15283 AMBERLY DRIVE TAMPA, FL 33647 TAMPA, FL 33647 CR2E034 (11/05) 01062006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3738713 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE PERRET, GERARD A JR.DDS. 15283 AMBERLY DRIVE TAMPA, FL 33647 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. (Qnijerens name baniups) surjangra magA bersisigeR 37OM). Signature, typed or printed name of registered agent and title it applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ME PERRET, GERARD A JR. NAME **15283 AMBERLY DRIVE** STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33647 TITLE NAME 1000001485136 STREET ADDRESS 14712706-80071-014 158.40 DITY-ST-219 BELF NAME

DO NOT WRITE IN THIS SPACE

FILED

12. Thereby 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 of 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.

STREET AGDRESS

Caty-\$1-21P

TITLE MAME STREET ADDRESS CITY-ST-ZIP 7171E NUME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CAY-SI-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

812)977-2828