2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# P02000055388

Entity Name: ORTHODONTIC EDUCATION COMPANY

Current Principal Place of Business:

5000 SAWGRASS VILLAGE CIRCLE
SUITE 28
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

5000 SAWGRASS VILLAGE CIRCLE
SUITE 28
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 32-0016241 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEGLER, MITCHELL W
300A WHARFSIDE WAY
JACKSONVILLE, FL 32207 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: D ( ) Delete
Name: LAZZARA, JOHN G
Address: 5000 SAWGRASS VILLAGE CIRCLE, SUITE 28
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: CEOD ( ) Delete
Name: JOHNSEN, MICHAEL C
Address: 5000 SAWGRASS VILLAGE CIRCLE, SUITE 28
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: PSD ( ) Delete
Name: FRAGA, MARK
Address: 5000 SAWGRASS VILLAGE CIRCLE, SUITE 28
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: V (X) Delete
Name: LEGLER, MITCHELL W
Address: 300A WHARFSIDE WAY
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOD (X) Change ( ) Addition
Name: LAZZARA, GASPER
Address: 5000 SAWGRASS VILLAGE CIRCLE, SUITE 28
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: PRED (X) Change ( ) Addition
Name: SPILLER, JONATHAN M
Address: 5000 SAWGRASS VILLAGE CIRCLE, SUITE 28
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: CFOD (X) Change ( ) Addition
Name: THOMPSON, BRIAN W
Address: 5000 SAWGRASS VILLAGE CIRCLE, SUITE 28
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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 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 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: BRIAN W. THOMPSON CFOD 04/27/2005
Electronic Signature of Signing Officer or Director Date