2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 24, 2006 08:00 AM DOCUMENT # P02000066067 **Secretary of State** t. Entity Name DENT PERFECT, INC. Principal Place of Business Mailing Address P.O. BOX 784295 2522 LAKE DEBRA DRIVE WINTER GARDEN FL 34787 # 21102 ORLANDO FL 32835 2. Principal Place of Business 3. Mailing Address Suite, Apt. Jl, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State Applied For 4. FEI Number City & State 46-0487409 Not Applicable Country Country \$8.75 Additional Zio. 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LORA, RAUL Street Address (P.O. Box Number is Not Acceptable) 2522 LAKE DEBRA DRIVE # 211021 ORLANDO FL 32835 City Zip Code 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 (NOTE Registered Agent signature required when reinstalling) DATE Signature, typed or primed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 U00000523226 Change 17 Addition 05/05/06-80068-011 150, 00 OFFICERS AND DIRECTORS 10. ☐ Delete T/T/F PSD TITLE NAME LORA, RAUL NAME STREET ADDRESS 2522 LAKE DEBRA DRIVE, # 21102 STREET ADDRESS ORLANDO FL 32835 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change THILE ☐ Detete NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete 337).5 TIME NAME NAME STREET ADDRESS STREET ADDRESS CATY - ST- ZIP CITY-ST-ZIP ☐ Change Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SY-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TILLE NAME NAME STREET ADDRESS STREET ADDRESS 011Y-ST-21P CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete THEE NAME STREET ADDRESS STREET ADDRESS CHY-51-21P CATY-SI- IN 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 or the receiver of flustee 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.

FILED