
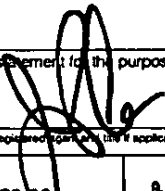
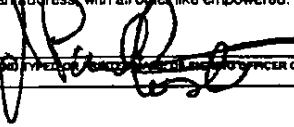


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 22, 2006 8:00 am
Secretary of State

04-25-2006 90102 035 ***150.00

DOCUMENT # P03000007708		
1. Entity Name MACRODONT SOLUTIONS, INC.		
Principal Place of Business 9535 SILVER LAKE DRIVE LEESBURG, FL 34788		Mailing Address 9535 SILVER LAKE DRIVE LEESBURG, FL 34788
DO NOT WRITE IN THIS SPACE		
8. Name and Address of Current Registered Agent COSTELLO, JAMES P 9535 SILVER LAKE DRIVE LEESBURG, FL 34788		DO NOT WRITE IN THIS SPACE
9. 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 reappointing) Signature, typed or printed name of registered agent, and title if applicable.		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY- ST- ZIP	OP COSTELLO, JAMES P 9535 SILVER LAKE DRIVE LEESBURG, FL 34788	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		
12. I hereby 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 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:  James P. Costello 5/17/06 SIGNATURE AND TITLE OF OFFICER, DIRECTOR, RECEIVER OR TRUSTEE, OR POWER OF ATTORNEY		Date Daytime Phone #