2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# P03000022072

Entity Name: DISCOUNT DENTAL PROGRAMS, INC.

Current Principal Place of Business:

5100 TAMIAMI TRAIL NORTH
201
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

5100 TAMIAMI TRAIL NORTH
201
NAPLES, FL 34103

New Mailing Address:

FEI Number: 87-0688673 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAN FILIPPO, PAUL
1100 5TH AVENUE SOUTH
SUITE 405
NAPLES, FL 34102 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: DR ( ) Delete
Name: SCOTT, DELBOCCIO
Address: 5100 TAMIAMI TRAIL NORTH #201
City-St-Zip: NAPLES, FL 34103 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change ( ) Addition
Name: SCOTT, DELBOCCIO
Address: 5100 TAMIAMI TRAIL NORTH #201
City-St-Zip: NAPLES, FL 34103 US

I hereby certify that the information supplied with this filing does not qualify 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: SCOTT DELBOCCIO DIR 02/18/2009

Electronic Signature of Signing Officer or Director — Date