


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 08:00 A
Secretary of State

DOCUMENT # P03000056744	
1. Entity Name SMILES OF TRINITY FAMILY DENTISTRY, INC.	

Principal Place of Business 8925 MITCHELL BLVD MITCHELL CROSSING SHOPPING CENTER NEW PORT RICHEY, FL 34655 US	Mailing Address 8925 MITCHELL BLVD MITCHELL CROSSING SHOPPING CENTER NEW PORT RICHEY, FL 34655 US
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01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-4260916	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FRANCESCHI, GIANNI 8925 MITCHELL BLVD MITCHELL CROSSING SHOPPING CENTER NEW PORT RICHEY, FL 34655

**DO NOT WRITE
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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANCESCHI, GIANNI 5249 MAPLEBROOK WAY WESLEY CHAPEL, FL 33543
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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:  **GIANNI FRANCESCHI 3-22-07 727-776-6969**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #