


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000075896
 1. Entity Name
 DESIGNER DENTAL STUDIO, INC.



Principal Place of Business 4775 SEMINOLE AVE SUITE A WINTER PARK, FL 32792	Mailing Address 4775 SEMINOLE AVE SUITE A WINTER PARK, FL 32792
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04242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 81-0627045	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MAYHEW, RONALD P
 4775 SEMINOLE AVE
 SUITE A
 WINTER PARK, FL 32792

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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 Ronald P. Mayhew DATE 4-25-07
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MAYHEW, RONALD P 4775 SEMINOLE AVE, SUITE A WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP REINECK, CRAIG E 4775 SEMINOLE AVE, SUITE A WINTER PARK, FL 32792
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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: CRAIG E. REINECK DATE 4/25/07 DAYTIME PHONE # 4076975499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR