

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000075896

FILED  
Mar 30, 2010  
Secretary of State

Entity Name: DESIGNER DENTAL STUDIO, INC.

**Current Principal Place of Business:**

4775 SEMINOLE AVE  
SUITE A  
WINTER PARK, FL 32792

**New Principal Place of Business:**

**Current Mailing Address:**

4775 SEMINOLE AVE  
SUITE A  
WINTER PARK, FL 32792

**New Mailing Address:**

FEI Number: 81-0627045      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MAYHEW, RONALD P  
4775 SEMINOLE AVE  
SUITE A  
WINTER PARK, FL 32792 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: DV  
Name: MAYHEW, RONALD P  
Address: 4775 SEMINOLE AVE, SUITE A  
City-St-Zip: WINTER PARK, FL 32792

Title: DP  
Name: REINECK, CRAIG E  
Address: 4775 SEMINOLE AVE, SUITE A  
City-St-Zip: WINTER PARK, FL 32792

I hereby 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 all other like empowered.

SIGNATURE: CRAIG E. REINECK

PRES

03/30/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date