2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2007 8:00 am Secretary of State

DOCUMENT # P03000089688 1. Entity Name KINGSWAY DENTAL CARE, INC.						05-01-200	07 90056	037 ***15	50.00
Principal Plac 16528 N DA TAMPA, FL	LE MABRY HWY	Mailing Address 16528 N DALE MABRY HWY TAMPA, FL 33618				-			
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01152007	Chg-P	CR2E) 034 (12/06)	
City & State		City & State			4. FEI Number 13-42613	325		—	oplied For
Zip	Country	Zip	Country		5. Certificate of	Status Desired		\$8.75 Add Fee Require	ditional
	6. Name and Address of Curre	nt Registered Agent			7. Name and A	ddress of New	Registered	Agent	
SANDERS, WALTER 16528 N DALE MABRY HWY				me eet Address (P.O. Box Number is Not Acceptable)					
TAMPA, FL 33618				,					
			City				FL	Zip Cod	1
8. The above the obligat	named entity submits this statement ions of registered agen	for the purpose of changing i	ts registered office	or registered	d agent, or both,	in the State of I	Florida. Lam	familiar with,	and accept
SIGNATURE									
FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees									
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550			\$5.0 Added	0 May Be I to Fees				
FIL After Ma	ay 1, 2007 Fee will be \$550			\$5.0 Added	I to Fees	HANGES TO O	FFICERS AND	O DIRECTOR	S IN 11
After Ma	ay 1, 2007 Fee will be \$550	7.00 Trust Fund Co	ntribution, (Added	ADDITIONS/C				
After Ma	officers and PD MARTINEAU, ANDREW J	D.00 Trust Fund Co	ntribution. [11. IIILE NAME	Added	ADDITIONS/C				S IN 11
After Ma	OFFICERS AN OFFICERS AN PD MARTINEAU, ANDREW J 2579 CELMATIS STREET	D.00 Trust Fund Co	11. IITLE NAME STREET ADDRES	PD Mar \$ 233.	ADDITIONS/C	Andrea ja Driv	i Z		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	officers and PD MARTINEAU, ANDREW J	Trust Fund Co	11. TITLE NAME STREET ADDRES CITY-SI-7IP	PD Mar \$ 233.	ADDITIONS/C	Andrea ja Driv	i Z	∱ Change	Addition
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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.

CICMATURE.

MARLEW MARTINEAU Andrew Martineau 4/25/1

4/25/07 813.461-0094