## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 27, 2006 08:00 AM Secretary of State

DOCUMENT # P03000095554  1. Entity Name ARMSTRONG DENT CO.	4		Secretary of State
831 MAZURKA DR. B	ailing Address 31 MAZURKA DR. HULUOTA, FL 32766		
			02142006 No Chg-P CR2E034 (11/05)  4. FEI Number Applied For Not Applied For Not Applied For Status Desired Status Desired Fee Required Fee Required
6. Name and Address of Current Regist MEAD, MICHAEL 831 MAZURKA DR. CHULUOTA, FL 32766	tered Agent		DO NOT WRITE IN THIS SPACE
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  Signature. Speed or printed name of registered agent and the if applicable (NOTE Registered Agent signature required when reinstating)  FILE NOWILL FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  Trust Fund Contribution.  Added to Fees			
10. OFFICERS AND DIRECT		T	340.10.1.444
TITLE D MAME MEAD, MICHAEL STRICET ADDRESS GRY-ST-ZIP CHULUOTA, FL 32766  TITLE RAME STREET ADDRESS GILY-ST-ZIP			
TIFLE MAME STRECT ADDRESS CITY-ST-ZIP TOTLE TOTLE TOTLE			
NAME SIRLLI ADDRESS CITY-ST-ZIP			IN THIS SPACE
NAME SIMIET ADDRESS CITY-53-ITY			
THLE NAME STREET ADDRESS CITY-51-21P			
12. I hereby certify that the information supplied with this tilling does not qualify for the exemptions contained in Chapter 119, Fforida 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 it made under oath; that I am an officer or director of the composation 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 altachment with an address, with all other like empowered.  SIGNATURE:  SIGNATURE:  MCHAEL MEAD  J-J3-O6 407-716-3864			
SIGNATURE JUNIOUS (LOS)  SIGNATURE JUNIOUS OF SIGNING OFFICER OR DIRECTOR  SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			