2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Mar 06, 2006 08:00 AM Secretary of State **DOCUMENT # P03000102475** 1. Entity Name JR DENTAL, INC. Principal Place of Business Mailing Address 1329-1 LANE AVE S 1329-1 LANE AVE S JACKSONVILLE, FL 32205 IACKSONVILLE, FL 32205 CR2E034 (11/05) 02132006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0269649 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HENTSCHEL, GEORGE E CPA 3649 CROWN POINT CT DO NOT WRITE JACKSONVILLE, FL 32257 IN THIS SPACE 5. 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. DATE [NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and little if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PSTO BBF RONDON, OBDULIA D NAME STREET ADDRESS 2166-1 DUNSFORD TERRACE JACKSONVILLE, FL 32207 CITY-ST-ZIP 000000457842 03/17/06-80020-019 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE City-St-ZiP IN THIS SPACE 7)T1 F STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not quality 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 eath; 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.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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