2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 08:00 AM Secretary of State

	ANIOAL	KEFOILI			Sacratar	y of State
DOCUMENT # P03000124242					Secretar,	y of State
1. Entity Name	DENT INC			3		
HUSBAND FOR	Y MENT, INC.	•		7		
			S			
Principal Place of Bus	iness .	Mailing Address "	•	{		
514 CARRIAGE RD INDIAN HARBOUR BO	CH. FL 32937	514 CARRIAGE RD INDIAN HARBOUR BCH, FL	32937	{		
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				04262006	No Chg-P	CR2E034 (11/05)
DO NOT WRITE IN THIS SPACE				4. FEI Numb		Applied For
		-	_	20-064	19725	Not Applicat
				5. Certificat	e of Status Desired	S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent						
SCHLICK, MATT	HEW			БО.	NOT ME	NTE.
514 CARRIAGE	RD	•	1	טט	NOT WE	
INDIAN HARBOU	JR BCH, FL 32937	-		IN '	THIS SPA	∤CE
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 r		ie barbose or cusuding its red	isiered office of regi	siered agent, or o	Opi, in the plate of Floric	18. 1811 (6131116) Willi, 6116 6555
\$IGNATURE						
Signature, typed or printed name of registered agent and title if applicable (MOTE, Registered Agent signature required when retinatating) DATE						
FILE NOWILL FEE IS \$150.00 9. Election Campaign Financing \$5.0						
After May 1, 2	2006 Fee will be \$550.00			Added to Fees		
10.	OFFICERS AND DI	RECTORS _ [1	
TITLE PO						
1 1	LICK, MATTHEW CARRIAGE RD					
(AN HARBOUR BCH, FL 3293	7 .				
TITLE VP		· · · · · · · · · · · · · · · · · · ·				
, ,	NE, ROSEMARY CARRIAGE RD				1.100000000000	ል "ጌ ል " u ጌ
}	N HARBOUR BCH, FL 3293	7			2000000 9-9072706	47439 0023-009 150.00
INLE					CONTRACTOR OF	tank Ame Inchin
NAME STREET ADDRESS						
CITY-87-ZIP				DO	NOT WE	RITE
IUTE				IN	THIS SPA	ΔCE
NAME				****		- Colonia
SIRELI ADDRESS CITY-ST-ZIP						
FIFLE				•		
NAME			1			
STREET ADDRESS CONT.ST.ZIP			1			
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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 afteress, with all other like empowered.

SIGNATURE

STREET ADDRESS

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/06

Daylims Phone #