2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Secretary of State DOCUMENT # P03000154705 02-06-2006 90085 002 ***150.00 JAKE'S DENT AWAY, INC. Principal Place of Business Mailing Address գրրույում 2560 SW 14TH STREET 2560 SW 14TH STREET BOYNTON BEACH, FL 33426 BOYNTON BEACH, FL 33426 2. Principal Place of Business 3. Mailing Address 7271 TILMAN 7271 TILLMAN DR Suite, Apt. #, etc. Suite, Apt. #, etc. 01312006 Cha-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For FL LAKE WORTH LAKE WORTH 20-0510326 Not Applicable Country USA Country USA Zio \$8.75 Additional 5. Certificate of Status Desired П 33467 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JEFFREY LUKACS LUKACS, JEFFREY Street Address (P.O. Box Number is Not Acceptable) 2560 SW 14 STREET BOYNTON BEACH, FL 33426 7271 TIMAN DR City LAKE WORTH 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. | am familiar with, and accept the obligations of registered agent JEFFREY LUKACS 2-2-06 PRESIDENT -SIGNATURE nted name of registered agent and title il applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D TITLE Delete TITLE X Change Addition LUKACS, JEFFREY NAME NAME JEFFREY LUKACS STREET ADDRESS 2560 SW 14TH STREET STREET ADDRESS 7271 TIMMAN DRIVE CITY-ST-ZIP BOYNTON BEACH, FL 33426 CITY-ST-ZIP 33467 LAKE WORTH TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-71P ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST. ZIP CITY-ST-71P Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-ZIP ☐ Delete TITLE THILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 address, with all other like empowered. 2-2-06 SIGNATURE:

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 06, 2006 8:00 am