

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000004985

**FILED**  
**Apr 19, 2006**  
**Secretary of State**

**Entity Name:** KNIGHTSBRIDGE DENTAL CONSULTANTS, INC.

**Current Principal Place of Business:**

6021 HARDROCK CIR  
ORLANDO, FL 32819

**New Principal Place of Business:**

5563 LOS PALMA VISTA DRIVE  
ORLANDO, FL 32837

**Current Mailing Address:**

6021 HARDROCK CIR  
ORLANDO, FL 32819

**New Mailing Address:**

5563 LOS PALMA VISTA DRIVE  
ORLANDO, FL 32837

FEI Number: 20-0602232

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AHMED, NADEEM M D.M.D.  
6021 HARDROCK CIR  
ORLANDO, FL 32819 US

**Name and Address of New Registered Agent:**

AHMED, NADEEM M D.M.D.  
5563 LOS PALMA VISTA DRIVE  
ORLANDO, FL 32837 US

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.

SIGNATURE: \_\_\_\_\_

04/19/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete  
Name: AHMED, NADEEM M D.M.D.  
Address: 6021 HARDROCK CIR  
City-St-Zip: ORLANDO, FL 32819

Title: CFO ( ) Delete  
Name: AHMED, KATHERINE B  
Address: 6021 HARDROCK CIR  
City-St-Zip: ORLANDO, FL 32819

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CEO (X) Change ( ) Addition  
Name: AHMED, NADEEM M D.M.D.  
Address: 5563 LOS PALMA VISTA DRIVE  
City-St-Zip: ORLANDO, FL 32837

Title: CFO (X) Change ( ) Addition  
Name: AHMED, KATHERINE B  
Address: 5563 LOS PALMA VISTA DRIVE  
City-St-Zip: ORLANDO, FL 32837

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHERINE B. AHMED

CFO

04/19/2006

Electronic Signature of Signing Officer or Director

Date