

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000025884

**FILED**  
**Feb 27, 2011**  
**Secretary of State**

**Entity Name:** PALM BEACH DENTAL ART STUDIO, INC.

**Current Principal Place of Business:**

8171 MISTIC HARBOR CIRCLE  
BOYNTON BEACH, FL 33436

**New Principal Place of Business:**

6250 SAND HILLS CIRCLE  
LAKE WORTH, FL 33463

**Current Mailing Address:**

8171 MISTIC HARBOR CIRCLE  
BOYNTON BEACH, FL 33436

**New Mailing Address:**

6250 SAND HILLS CIRCLE  
LAKE WORTH, FL 33463

**FEI Number:** 56-2475544

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KRESSE, STEPHAN  
8171 MISTIC HARBOR CR.  
BOYNTON BEACH, FL 33436 US

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

KRESSE, STEPHAN  
6250 SAND HILLS CIRCLE  
LAKE WORTH, FL 33463 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:

02/27/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KRESSE, STEPHAN  
Address: 6250 SAND HILLS CIRCLE  
City-St-Zip: LAKE WORTH, FL 33463

I hereby 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 all other like empowered.

SIGNATURE: STEPHAN KRESSE

P.

02/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date