


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 AM
Secretary of State

UNYEOUOI y P04000060551 1. Entity Name PERSONAL DENTAL CORP.	
--------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business C/O DILEY ALONSO 14985 S W 48TH TER MIAMI, FL 33185	Mailing Address C/O DILEY ALONSO 14985 S W 48TH TER MIAMI, FL 33185
------------------------------------------------------------------------------------------	------------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

03262008 0±Y, 10 Y110011 8108±±

4. FEI Number 54-2149018	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 8 1/4 ±±± 0.1 ±±±

6. Name and Address of Current Registered Agent ALONSO, DILEY 14985 S W 48TH TER MIAMI, FL 33185

**DO NOT WRITE
IN THIS SPACE**

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 registered agent.

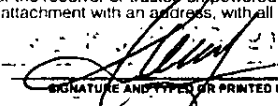
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 0±\$±± 8 1/4 ±±±	U000000883204 04/16/08-80072-004 150.00
-------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------	--------------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PD ALONSO, DILEY 14815 SW 46 LN MIAMI, FL 33185
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:  **3/31/08** **(601) 977-2119**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #