


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

5/

FILED
Jun 26, 2006 8:00 am
Secretary of State


05-09-2006 90079 043 ***150.00

DOCUMENT # P04000078387	
1. Entity Name THE INSTITUTE OF DENTAL ASSISTING & STAFFING, INC.	

Principal Place of Business 6633 FOREST HILL BLVD WEST PALM BEACH, FL 33413	Mailing Address 6633 FOREST HILL BLVD WEST PALM BEACH, FL 33413
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DO NOT WRITE IN THIS SPACE

66020726



05012006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2653637	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

**CRAFT, DAVID W
3418 POINSETTIA AVE
WEST PALM BEACH, FL 33407**

DO NOT WRITE IN THIS SPACE

9. 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 re-registering) DATE _____

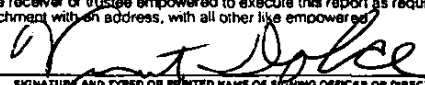
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DOLCE, VINCENT M 6633 FOREST HILL BLVD WEST PALM BEACH, FL 33413
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BLUMSTEON, BARBARA 3151 CLINT MOORE RD BOCA RATON, FL 33496
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:  **06/20/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #