

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000096819

Entity Name: PHA DENTISTRY INC.

FILED
Mar 14, 2006
Secretary of State

Current Principal Place of Business:

611 S DIXIE FRWY
NEW SMYRNA BEACH, FL 32168

Current Mailing Address:

611 S DIXIE FRWY
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

611 S DIXIE FRWY
A
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

611 S DIXIE FRWY
A
NEW SMYRNA BEACH, FL 32168

FEI Number: 20-1292637

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITCHELL, STEVEN J
6327 PALMAS BAY CR
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MITCHELL, STEVEN J
Address: 6327 PALMAS BAY CR
City-St-Zip: PORT ORANGE, FL 32127

Title: S () Delete
Name: MITCHELL, HEATHER A
Address: 6327 PALMAS BAY CR
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: S J MITCHELL

P

03/14/2006

Electronic Signature of Signing Officer or Director

Date