2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# P04000130349

Entity Name: PARK AVENUE DENTAL IMPLANT CENTER, INC.

Current Principal Place of Business:

20 S. PARK AVENUE
SUITE A
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

20 S. PARK AVENUE
SUITE A
APOPKA, FL 32703 US

New Mailing Address:

FEI Number: 51-0523479 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBERT C COHEN PA
301 S. MILWEE STREET
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

TREVISANI, RONALD J
20 S. PARK AVENUE
SUITE A
APOPKA, FL 32703 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: RONALD J TREVISANI 04/25/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: TREVISANI, RONALD
Address: 2421 RIVERTREE BLVD
City-St-Zip: SANFORD, FL 32771 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Section 119.07(3)(i), 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: RONALD J TREVISANI MGMR 04/25/2005
Electronic Signature of Signing Officer or Director Date