

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000144375

FILED
Apr 28, 2006
Secretary of State

Entity Name: SMILES GENERAL & COSMETIC DENTISTRY, P.A.

Current Principal Place of Business:

301 EBBTIDE DRIVE
C
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 30878
PALM BEACH GARDENS, FL 33420

New Mailing Address:

FEI Number: 20-1758875

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KACHAM, SHARADA
P. O. BOX 30878
PALM BEACH GARDENS, FL 33420 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: KACHAM, SHARADA
Address: 301 EBBTIDE DRIVE, SUITE C
City-St-Zip: NORTH PALM BEACH, FL 33408

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 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: SHARADA KACHAM

P

04/28/2006

Electronic Signature of Signing Officer or Director

Date