

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000161971

**FILED  
Mar 12, 2007  
Secretary of State**

**Entity Name:** RIDGEMOOR DENTAL ARTS INC.

**Current Principal Place of Business:**

4936 RIDGEMOOR BLVD  
OLDSMAR, FL 34685

**New Principal Place of Business:**

4854 RIDGEMOOR BLVD  
OLDSMAR, FL 34685

**Current Mailing Address:**

1942 MURFIELD WAY  
OLDSMAR, FL 34677

**New Mailing Address:**

FEI Number: 20-1941979      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BURCH, DAVID  
1942 MURFIELD WAY  
OLDSMAR, FL 34677      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: BURCH, KRISTIN  
Address: 1942 MURFIELD WAY  
City-St-Zip: OLDSMAR, FL 34677

Title: V      ( ) Delete  
Name: BURCH, DAVID  
Address: 1942 MURFIELD WAY  
City-St-Zip: OLDSMAR, FL 34677

**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: DAVID BURCH

V

03/12/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date