

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000044469

Entity Name: C. W. DENTAL INC.

FILED
Mar 27, 2008
Secretary of State**Current Principal Place of Business:**5561 BROADCAST COURT
SARASOTA, FL 34240 US**New Principal Place of Business:****Current Mailing Address:**5561 BROADCAST COURT
SARASOTA, FL 34240 US**New Mailing Address:**

FEI Number: 06-1747370

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:CRUPI, BRIAN DR.
5241 MAHOGANY RUN AVE.
SARASOTA, FL 34241 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**OFFICERS AND DIRECTORS:**Title: DIR () Delete
Name: CRUPI, BRIAN DR.
Address: 5241 MAHOGANY RUN AVE.
City-St-Zip: SARASOTA, FL 34241 USTitle: DIR (X) Delete
Name: WITSIL, MICHAEL A DR.
Address: 8421 ISLESWORTH COURT
City-St-Zip: SARASOTA, FL 34243 US**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 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: BRIAN CRUPI

DIR

03/27/2008

Electronic Signature of Signing Officer or Director_____
Date