2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000062970

FILED Apr 28, 2006 Secretary of State

Entity Name: SOLAS DENTAL, CORP. **Current Principal Place of Business: New Principal Place of Business:** CLERMONT, FL 34715 US **Current Mailing Address: New Mailing Address:** 260 MOHAWK ROAD CLERMONT, FL 34715 US FEI Number: 20-2762231 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JAKUBOWSKI, PAUL W DDS 260 MOHAWK ROAD CLERMONT, FL 34715 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition

JAKUBOWSKI, PAUL W DDS JAKUBOWSKI, PAUL W DDS Name: Name: 260 MOHAWK ROAD 260 MOHAWK ROAD Address: Address: City-St-Zip: CLERMONT, FL 34715 US City-St-Zip: CLERMONT, FL 34715 US

Title: (X) Delete Title: () Change () Addition

JAKUBOWSKI, OLGA N Name: Name: 260 MOHAWK ROAD Address: Address: CLERMONT, FL 34715 US City-St-Zip: 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: PAUL W JAKUBOWSKI CEO 04/28/2006