

**FILED****May 02, 2008 08:00 AM**  
**Secretary of State****2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|                                                                 |                                                                                   |
|-----------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P05000075688</b>                                  |  |
| 1. Entity Name<br><b>BEAUTIFUL SMILES OF THE VILLAGES, P.A.</b> |                                                                                   |

|                                                                                         |                                                                             |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Principal Place of Business<br><b>8301 COUNTY ROAD 44, LEG A<br/>LEESBURG, FL 34788</b> | Mailing Address<br><b>8301 COUNTY ROAD 44, LEG A<br/>LEESBURG, FL 34788</b> |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|



04292008 No Chg-P CR2E034 (11/05)

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>20-2907834</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                           |                                          |
|-----------------------------------------------------------|------------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |
|-----------------------------------------------------------|------------------------------------------|



|                                                                                                                                      |  |
|--------------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><br><b>ILKKA, DON J DDS<br/>8301 COUNTY ROAD 44, LEG A<br/>LEESBURG, FL 34788</b> |  |
|--------------------------------------------------------------------------------------------------------------------------------------|--|

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent

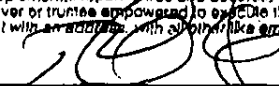
SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing) DATE \_\_\_\_\_

|                                                                               |                                                                                                                          |                                            |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$350.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees | U000000944131<br>05/29/08-80085-022 150.00 |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|

| 10. OFFICERS AND DIRECTORS                       |                                                                                      |
|--------------------------------------------------|--------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | D<br>ILKKA, DON J DDS<br>8301 COUNTY ROAD 44, LEG A<br>LEESBURG, FL 34788            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | D<br>ROZENSKY, RICHARD W DDS<br>8792 SE 165TH MULBERRY LN.<br>THE VILLAGES, FL 32162 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                                      |

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with amendments, with appropriate authority.

**SIGNATURE:**  **4/30/08** **352-728-3156**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #