


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90072 042 ***150.00

DOCUMENT # P05000109931					
1. Entity Name DENERGY DENTAL, INC.					
Principal Place of Business 334 E LAKE RD #263 PALM HARBOR, FL 34685			Mailing Address 334 E LAKE RD #263 PALM HARBOR, FL 34685		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. <i>same</i>		Suite, Apt. #, etc. <i>same</i>			
City & State <i>same</i>		City & State <i>same</i>			
Zip		Country		Zip	
Country		Country		4. FEI Number 20-31064025	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent VOGELBACHER, PIERRE M 2560 GULF TO BAY BLVD STE 300 CLEARWATER, FL 33765				7. Name and Address of New Registered Agent Name <i>Teresa Birney</i> Street Address (P.O. Box Number is Not Acceptable) <i>516 Cypress Bend</i> <i>Oldsmar FL 34677</i> City <i>Oldsmar</i> <i>FL</i> Zip Code <i>34677</i>	
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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <i>5/1/06</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>I</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>ASTD</i> <i>Teresa Birney</i> <i>516 Cypress Bend</i> <i>Oldsmar, FL 34677</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an address, with all other I am empowered.					
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <i>5/1/06</i> Daytime Phone #	