

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90053 047 ***158.75

DOCUMENT # P05000134194 1. Entity Name AMERICA DENTAL STUDIO, INC.					
Principal Place of Business 122 VAN GOGH WAY ROYAL PALM BEACH, FL 33411 US			Mailing Address 122 VAN GOGH WAY ROYAL PALM BEACH, FL 33411		
2. Principal Place of Business 5651 CORPORATE WAY Suite, Apt. #, etc. Ste 5		3. Mailing Address 5651 CORPORATE WAY Suite, Apt. #, etc. Ste 5			
City & State WEST PALM BEACH Zip FLORIDA Country PBC		City & State WEST PALM BEACH Zip 33407 Country PBC		4. FEI Number 20-3566343	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DEFAUS, GILBERT 122 VAN GOGH WAY ROYAL PALM BEACH, FL 33411			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ Zip Code FL		
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 <u><i>Gilbert Defaus</i></u> (GILBERT DEFAUS) 1/26/06 <small>Signature, typed or printed name of registered agent and title applicable. (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	P,S DEFAUS, GILBERT 122 VAN GOGH WAY ROYAL PALM BEACH, FL 33411	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T,D DEFAUS, GILBERT 122 VAN GOGH WAY ROYAL PALM BEACH, FL 33411	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
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 like empowered.					
SIGNATURE: <u><i>Gilbert Defaus</i></u> 1/20/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					