2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000156989

Entity Name: COMMUNITY DENTAL SERVICES, INC.

FILED Sep 04, 2006 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

19 WEST FLAGLER STREET, SUITE 620 MIAMI, FL 33130

Current Mailing Address: New Mailing Address:

19 WEST FLAGLER STREET, SUITE 620 MIAMI, FL 33130

FEI Number: 56-2561006 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:

SPIEGEL & UTRERA, P.A. JOBSON, FRANZ C SD 1840 SW 22ND ST. 19 WEST FLAGLER STREET 4TH FLOOR SUITE 620 MIAMI, FL 33130 US MIAMI, FL 33145 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: FRANZ C. JOBSON 09/04/2006

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

PHANORD, ROGER Name: Name: POUX, MARGOT D 19 WEST FLAGLER STREET, SUITE 620 19 WEST FLAGLER STREET, SUITE 620 Address: Address:

City-St-Zip: MIAMI, FL 33130 City-St-Zip: MIAMI, FL 33130

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

POUX, MARGOT D Name: Name: PHANORD, DAISY

19 WEST FLAGLER STREET, SUITE 620 19 WEST FLAGLER STREET, SUITE 620 Address: Address:

MIAMI, FL 33130 City-St-Zip: City-St-Zip: MIAMI, FL 33130

Title: (X) Change () Addition Title: DS () Delete SD JOBSON, FRANZ C JOBSON, FRANZ C Name: Name:

19 WEST FLAGLER STREET, SUITE 620 19 WEST FLAGLER STREET, SUITE 620 Address: Address:

City-St-Zip: MIAMI, FL 33130 City-St-Zip: MIAMI, FL 33130

Title: DT () Delete Title: TD (X) Change () Addition GORDON, JOANNE GORDON, JOANNE Name: Name:

Address: 19 WEST FLAGLER STREET, SUITE 620 Address: 19 WEST FLAGLER STREET, SUITE 620

City-St-Zip: City-St-Zip: MIAMI, FL 33130 MIAMI, FL 33130

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

PHANORD, DAISY Name: Name: 19 WEST FLAGLER STREET, SUITE 620 Address: Address: City-St-Zip: MIAMI, FL 33130 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: FRANZ C. JOBSON SD 09/04/2006