

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000161848

FILED
Aug 29, 2006
Secretary of State

Entity Name: ME DENTAL SUPPLY COMPANY

Current Principal Place of Business:

712 S ATLANTIC AV
ORMOND BEACH, FL 32176 US

New Principal Place of Business:

Current Mailing Address:

712 S ATLANTIC AV
ORMOND BEACH, FL 32176 US

New Mailing Address:

FEI Number: 59-3827744

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAMANE, ESTHER
712 S ATLANTIC AV.
ORMOND BEACH, FL 32176 US

Name and Address of New Registered Agent:

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

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:

Title: PVFT () Delete
Name: MAMANE, ESTHER
Address: 712 S ATLANTIC AV
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: D () Delete
Name: MAMANE, ESTHER
Address: 712 S ATLANTIC AV
City-St-Zip: ORMOND BEACH, FL 32176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: ESTHER MAMANE

PRES

08/29/2006

Electronic Signature of Signing Officer or Director

Date