

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000004839

Entity Name: MEDIDENT INC.

FILED  
Apr 30, 2007  
Secretary of State

## Current Principal Place of Business:

P.O. BOX 277  
MILTON, FL 32570

## New Principal Place of Business:

9856 INDIAN FORD ROAD  
MILTON, FL 32570

## Current Mailing Address:

P.O. BOX 277  
MILTON, FL 32570

## New Mailing Address:

FEI Number: 76-0813327

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ELLIS, CATHERINE  
9856 INDIAN FORD RD  
MILTON, FL 32570 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ELLIS, CATHERINE  
Address: P.O. BOX 277  
City-St-Zip: MILTON, FL 32570

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify 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: CATHERINE ELLIS

PD

04/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date