2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000102222

Entity Name: BELLA BELLA DENTAL GROUP, INC

FILED May 08, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3185 CITRUS TOWER BLVD CLERMONT, FL 34711 **Current Mailing Address: New Mailing Address:** 3185 CITRUS TOWER BLVD 4719 WILLAMETTE CIRCLE ORLANDO, FL 32826 CLERMONT, FL 34711 US FEI Number: 20-5354428 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: VAN, LIEN T VAN, LIEN T 3185 CITRUS TOWER BLVD 4719 WILLAMETTE CIRCLE ORLANDO, FL 32826 CLERMONT, FL 34711 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: 05/08/2008 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 VAN, LIEN T VAN, LIEN T Name: Name: 4719 WILLAMETTE CIRCLE Address: 3185 CITRUS TOWER BLVD Address: City-St-Zip: ORLANDO, FL 32826 US City-St-Zip: CLERMONT, FL 34711 US Title: Title: () Change () Addition () Delete Name: VAN. SAMMY T Name: 4184 MAYFAIR LANE Address: Address: PORT ORANGE, FL 32129 US City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition VAN, HIEN THI T Name: Name: 4184 MAYFAIR LANE Address: Address: City-St-Zip: PORT ORANGE, FL 32129 US 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: LIEN T. VAN DR. 05/08/2008