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Secretary of State

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2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000018123

1. Entity Name
DENTMALL MANAGEMENT COMPANY, INC.

Principal Place of Business	Mailing Address
C/O ALEXANDER M MIKHAILOV, DDS 146 W 57 ST, APT 66B NEW YORK, NY 10019	C/O ALEXANDER M MIKHAILOV, DDS 146 W 57 ST, APT 66B NEW YORK, NY 10019

66004746

02042008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
146 W 57 ST	146 W 57TH ST
Suite, Apt. #, etc.: APT 41A	Suite, Apt. #, etc.: APT 41A
City & State: NEW YORK NY	City & State: NEW YORK
Zip: 10019 Country:	Zip: 10019 Country:

4. FEI Number: 65-1298829 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
UCC FILING & SEARCH SERVICES, INC. 1574 VILLAGE SQUARE BLVD SUITE 100 TALLAHASSEE, FL 32309	Name: ALEXANDER M MIKHAILOV Street Address (P.O. Box Number is Not Acceptable): 2122 FISHER ISLAND DRIVE City: FISCHER ISLAND FL Zip Code: 33109

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	D ☒ Change ☐ Addition
NAME	MIKHAILOV, ALEXANDER M	NAME	MIKHAILOV ALEXANDER M
STREET ADDRESS	146 W 57 ST, APT 66B	STREET ADDRESS	146 W 57 ST. APT 41 A
CITY-ST-ZIP	NEW YORK, NY 10019	CITY-ST-ZIP	NEW YORK NY 10019
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: ALEXANDER M MIKHAILOV 3/5/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #