2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000033691

Entity Name: DDS WORKS, INC.

FILED Apr 17, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2502 ROCKY POINT SUITE 1000 2502 ROCKY POINT DR. N TAMPA, FL 33607

1000

TAMPA, FL 33607

Current Mailing Address: New Mailing Address:

2502 ROCKY POINT SUITE 1000 2502 ROCKY POINT DR. N

TAMPA, FL 33607 1000

TAMPA, FL 33607

FEI Number: 57-1220616 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:

HUIE, PATRICIA A ESQ HUIE, PATRICIA A ESQ 2502 ROCKY POINT SUITE 1000 2502 ROCKY POINT DR. N. TAMPA, FL 33607 1000 TAMPA, FL 33607 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: 04/17/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

MARLER, THOMAS MARLER, THOMAS Name: Name: 2502 ROCKY POINT SUITE 1000 2502 ROCKY POINT DR. N. SUITE 1000 Address: Address:

TAMPA, FL 33607 City-St-Zip: City-St-Zip: TAMPA, FL 33607

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

Name: KELLY, DONALD Name: KELLY, DONALD

2502 ROCKY POINT SUITE 1000 2502 ROCKY POINT DR. N. SUITE 1000 Address: Address:

TAMPA, FL 33607 TAMPA, FL 33607 City-St-Zip: City-St-Zip:

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

HUIE, PATRICIA HUIE, PATRICIA Name: Name:

2502 ROCKY POINT SUITE 1000 2502 ROCKY POINT DR. N. SUITE 1000 Address: Address:

City-St-Zip: TAMPA, FL 33607 City-St-Zip: TAMPA, FL 33607

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: PATRICIA HUIE ESQ. 04/17/2009