

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000078144

Entity Name: DENTAL BENEFITS CORP.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

4014 GUNN HWY
95
TAMPA, FL 33618

New Principal Place of Business:

14452 BRUCE B. DOWNS BLVD.
TAMPA, FL 33613

Current Mailing Address:

P.O. BOX 46956
TAMPA, FL 33647

New Mailing Address:

P.O. BOX 46956
TAMPA, FL 33646

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOLEY, JAMES P
4014 GUNN HWY
95
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

SOLEY, JAMES P
14452 BRUCE B. DOWNS BLVD.
TAMPA, FL 33613 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: JAMES SOLEY

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SOLEY, JAMES P
Address: P.O. BOX 46956
City-St-Zip: TAMPA, FL 33647 US

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: JAMES SOLEY

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date