2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2009
Secretary of State

DOCUMENT# P08000021455

Entity Name: MY SMILE DENTISTRY, INC.

Current Principal Place of Business:

846 S OSPREY AVE.
SARASOTA, FL 34236 US

New Principal Place of Business:

Current Mailing Address:

846 S OSPREY AVE.
SARASOTA, FL 34236 US

New Mailing Address:

443 MEADOW LARK DR.
SARASOTA, FL 34236 US

FEI Number: 26-2069936 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RUSSELL, KRISTINA
1111 N. GULF STREAM AVE 13-C
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

RUSSELL, KRISTINA D D.M.D
443 MEADOW LARK DR.
SARASOTA, FL 34236 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: JOHN RICHARD 07/22/2009
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:

Title: PVST ( ) Delete
Name: RUSSELL, KRISTINA
Address: 1111 N. GULF STREAM AVE 13-C
City-St-Zip: SARASOTA, FL 34236 US

Title: DIR ( ) Delete
Name: RUSSELL, KRISTINA
Address: 1111 N. GULF STREAM AVE 13-C
City-St-Zip: SARASOTA, FL 34236 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: RUSSELL, KRISTINA D D.M.D
Address: 443 MEADOW LARK DR.
City-St-Zip: SARASOTA, FL 34236

Title: VP (X) Change ( ) Addition
Name: MARTINA, MALLERY P D.D.S
Address: 440 MEADOW LARK DR.
City-St-Zip: SARASOTA, FL 34236 US

Title: DIR ( ) Change (X) Addition
Name: RICHARD, JOHN C
Address: 443 MEADOW LARK DR
City-St-Zip: SARASOTA, FL 34236

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: JOHN RICHARD DIR 07/22/2009
Electronic Signature of Signing Officer or Director Date