

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000082001

Entity Name: MOBILE TEETH SPA, INC.

FILED
Apr 18, 2009
Secretary of State

Current Principal Place of Business:

9101 WEST COLLEGE POINTE DRIVE
2
FORT MYERS, FL 33919 US

Current Mailing Address:

9101 WEST COLLEGE POINTE DRIVE
2
FORT MYERS, FL 33919 US

FEI Number: 26-3385348

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRECHEL, OLIVER
5853 RIVERSIDE LANE S.
FORT MYERS, FL 33919 US

New Principal Place of Business:

10970 S CLEVELAND AVE.
405
FORT MYERS, FL 33907 US

New Mailing Address:

10970 S CLEVELAND AVE.
303
FORT MYERS, FL 33907

Name and Address of New Registered Agent:

PRECHEL, OLIVER
10970 S CLEVELAND AVE
303
FORT MYERS, FL 33907 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:

04/18/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P, D () Delete
Name: PRECHEL, OLIVER
Address: 9101 WEST COLLEGE POINTE DRIVE, SUITE 2
City-St-Zip: FORT MYERS, FL 33919 US

Title: S () Delete
Name: PRECHEL, SIMONE
Address: 9101 WEST COLLEGE POINTE DRIVE, SUITE 2
City-St-Zip: FORT MYERS, FL 33919 US

Title: T () Delete
Name: PRECHEL, OLIVER
Address: 9101 WEST COLLEGE POINTE DRIVE, SUITE 2
City-St-Zip: FORT MYERS, FL 33919 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, D (X) Change () Addition
Name: PRECHEL, OLIVER
Address: 10970 S CLEVELAND AVE. SUITE 303
City-St-Zip: FORT MYERS, FL 33907 US

Title: S (X) Change () Addition
Name: PRECHEL, SIMONE
Address: 10970 S CLEVELAND AVE. SUITE 303
City-St-Zip: FORT MYERS, FL 33907 US

Title: T (X) Change () Addition
Name: PRECHEL, OLIVER
Address: 10970 S CLEVELAND AVE. SUITE 303
City-St-Zip: FORT MYERS, FL 33907 US

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: SIMONE PRECHEL

S

04/18/2009

Electronic Signature of Signing Officer or Director

Date