

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000002025

FILED
Mar 12, 2006
Secretary of State

Entity Name: PROSTHODONTICS & IMPLANT THERAPY INC

Current Principal Place of Business:

2814 W. WATERS AVE.
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

2814 W. WATERS AVE.
TAMPA, FL 33614

New Mailing Address:

FEI Number: 59-3147966

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAJY, R G
3105 W WATERS AVE SUITE 105
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR () Delete
Name: IRANMANESH, MOHAMMAD REZA
Address: 4205 CARROLLWOOD VILLAGE
City-St-Zip: TAMPA, FL

Title: VP () Delete
Name: ESFAHANIAN, FRESHTE
Address: 4205 CARROLLWOOD VILLAGE
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MOHAMMAD R IRANMANESH

DR

03/12/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date