FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00 amended AR

PROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAY 24 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000049834

1. Corporation Name
DENTAL FILLINS, INC

Principal Place of Business
9520 Corkscrew Road
Estero, FL 33928

Mailing Address
9520 Corkscrew Road
Estero, FL 33928

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt. #, etc
22 City & State
23 Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc
27 City & State
28 Zip 29 Country 30

3. Date Incorporated or Qualified
4-1-99

4. FEI Number
65-0425535
[ ] Applied For
[ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [X] No

9. Name and Address of Current Registered Agent
Joseph Beresford
621 Henry Avenue
Lehigh Acres, FL 33936

10. Name and Address of New Registered Agent
81 Name Jodi F. Bowers
82 Street Address (P.O. Box Number is Not Acceptable) 9520 Corkscrew Road
83
84 City Estero FL 85 Zip Code 33928

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Jodi F. Bowers Jodi F. Bowers / President 4/12/99
(Signature - Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) (Date)

12. OFFICERS AND DIRECTORS		
1.1 TITLE	Director	[X] DELETE
1.2 NAME	Joseph Beresford	
1.3 STREET ADDRESS	621 Henry Avenue	
1.4 CITY-ST-ZIP	Lehigh Acres, FL 33936	
2.1 TITLE	Director	[X] DELETE
2.2 NAME	Catharina Beresford	
2.3 STREET ADDRESS	621 Henry Avenue	
2.4 CITY-ST-ZIP	Lehigh Acres, FL 33936	
3.1 TITLE		[ ] DELETE
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] DELETE
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] DELETE
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] DELETE
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	President/Director	[X] Change [X] Addition
1.2 NAME	Jodi Bowers	
1.3 STREET ADDRESS	9520 Corkscrew Road	
1.4 CITY-ST-ZIP	Estero, FL 33928	
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME	000002844050---1	
2.3 STREET ADDRESS	-04/13/99--01116--007	
2.4 CITY-ST-ZIP	*****43.75 *****43.75	
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME	400002838454---6	
4.3 STREET ADDRESS	-06/08/99--01071--002	
4.4 CITY-ST-ZIP	*****26.25 *****25.00	
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME	400002838454---6	
5.3 STREET ADDRESS	-06/08/99--01071--002	
5.4 CITY-ST-ZIP	*****26.25 *****26.25	
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

6/1/99

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jodi F. Bowers / Jodi F. Bowers 4/12/99 941-498-6149
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)