# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 13, 2007**
**Secretary of State**

DOCUMENT# P94000040294

**Entity Name:** DENTAL ONE, INC.

**Current Principal Place of Business:**

8409 N MILITARY TRAIL
SUITE 118
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

11777 SE FLORIDA AVE
HOBE SOUND, FL 33455 US

**New Mailing Address:**

915 SW LOST RIVER SHORES DR
STUART, FL 34997 US

**FEI Number: 65-0494748** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CERA, LOUIS J
11777 SE FLORIDA AVE
HOBE SOUND, FL 33455 US

**Name and Address of New Registered Agent:**

CERA, LOUIS J
915 SW LOST RIVER SHORES DR
STUART, FL 34997 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: LOUIS CERA 03/13/2007
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: CERA, CHRISTINE M.
Address: 11777 SE FLORIDA AVE
City-St-Zip: HOBE SOUND, FL 33455

Title: VP ( ) Delete
Name: CERA, LOUIS J.
Address: 11777 SE FLORIDA AVE
City-St-Zip: HOBE SOUND, FL 33455

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: CERA, CHRISTINE M.
Address: 915 SW LOST RIVER SHORES DR
City-St-Zip: STUART, FL 34997

Title: VP (X) Change ( ) Addition
Name: CERA, LOUIS J.
Address: 915 SW LOST RIVER SHORES DR
City-St-Zip: STUART, FL 34997

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: LOUIS CERA P 03/13/2007
Electronic Signature of Signing Officer or Director Date