

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000073930

Entity Name: DENTAL SOLUTIONS, INC.

FILED  
Jan 09, 2007  
Secretary of State

## Current Principal Place of Business:

327 S.W. 1ST AVENUE  
BOYNTON BEACH, FL 33435

## New Principal Place of Business:

## Current Mailing Address:

327 S.W. 1ST AVENUE  
BOYNTON BEACH, FL 33435

## New Mailing Address:

FEI Number: 65-0523273

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ANNABEL, BEVERLY  
327 S.W. 1ST AVENUE  
BOYNTON BEACH, FL 33435 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: P ( ) Delete  
Name: ANNABEL, BEVERLY BS BA  
Address: 327 SW 1ST AVE  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: VP ( ) Delete  
Name: ANNABEL, JEFFREY C  
Address: 327 SW 1ST AVE  
City-St-Zip: BOYNTON BEACH, FL 33435

## 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: BEVERLY ANNABEL

PRES

01/09/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date