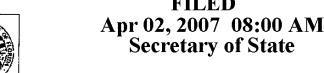
## **2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)** DOCUMENT # P94000090483 ATTE SEA



1. Entity Name BILLY B. BROWN, JR., D.D.S., P.A.				Secretary of State
Principal Place of Business 695 S. BROADWAY AVE. BARTOW FL 33830		Mailing Address 695 S. BROADWAY AVE. BARTOW FL 33830		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/06)
City & State		City & Stato		4. FEI Number 59-3286288 Applied For Not Applicable
Zip	Country	Zip	Country	5. Cortificate of Status Desired See Required Fee Required
<u> </u>	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent
DO:	SWELL & DUNLAP		Name	
245 CENTRAL AVE S P.O. DRAWER 30 BARTOW FL 33830			Street Address	s (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
After	Signature, typed or printed name of registered agent and ILE NOW!!! FEE IS \$150.00 May 1, 2007 Fee Will Be \$550.00 k Payable to Florida Department of		TE: Registered Agent signature requi	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees
10.	OFFICERS AND D	<u> </u>	11,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
THRE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, BILLY B JR , D - D - S - 695 S. BROADWAY AVE. BARTOW FL 33830	☐ Delete	TITLE NAME STRIFET ADDRESS CITY - ST - ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Defete	TINE NAME SIREEL ADDRESS CHY-SI-ZIP	☐ Change ☐ Addition  LIODO00684522  04/06/07-80037-004 150.00
TITLE NAMF STRICT ADDRESS CITY-ST-ZIP		Delele	1:ITLI. NAMF SITEET ADDRESS CITY-SI-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	ITILE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addilion
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Change ☐ Addition
NAME SIREEI ADDRESS		☐ Delete	NAME. SIREEI ADDRESS	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Soction 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: