2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 06, 2006 08:00 AM Secretary of State

DOCUMENT # P94000091291 1. Entity Name DENTMASTER INTERNATIONAL, INC.					2002000	y or a coor
Principal Place 6340 B 49 S PINELLAS PA	T. N 6.	uiting Address 340 B 49 ST. N. INELLAS PARK, FL 33781			- 1815 BIBL BEN BEN SELS SELS SE	186 (1882 118) û 2818 û 2848 û 27 de lê
DO NOT WRITE IN THIS SPACE				02092008 No Chg-P CR2E034 (11/05) 4. FEI Number		
	6. Name and Address of Current Regis			· -		
THACKREY, FRED C. 5030 78THH AVE SUITE 10 PINELLAS PARK, FL 33781			DO NOT WRITE IN THIS SPACE			
8. The above the obligat	named entity submits this statement for the prions of registered agent.	urpose of changing its register	ed office or register	od to "Inega ber	th, in the State of Florida. I	em (amiliar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent wind title?	applicable. (NOTE. Registere	d Agent signature required	d when reinstating)	DA.	TE .
FiL After M	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Final Trust Fund Contribution.		.00 May Be fed to Fees		
10.	OFFICERS AND DIREC	TORS				
NAME STREET ADDRESS CITY-ST-ZEP	OSBORNE, DAVID 6340 B-49TH STREET NORTH PINELLAS PARK, FL 33781				U00000 04/20/06-	494188 80035-012 150.00
TIFLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WRI	ş
title Name Street address City-St-Zip				IN T	THIS SPAC	E
TITLE NAME STREET ADDRESS CHY-ST-ZIP						
title Hame Street address City-St-zip	-			10101		
12. I hereby of indicated of the corrections of the	certify that the information supplied with this fi on this report or supplemental report is true a poration or the receiver or trustee empowerse or on an attachment with an address, with all	ling does not qualify for the ex and accurate and that my signal to execute this report as requi other list empowered.	emptions contained ture shall have the ired by Chapter 60	d in Chapter 119 same legal effec 7, Florida Statute	9. Florida Statutes, I further of as if made under oath; the es; and that my name appear	certify that the information at I am an officer or director are in Block 10 or Block 11 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OGBARNE

SIGNATURE: _