2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 18, 2005 08:00 AM **DOCUMENT # P95000004733** Secretary of State PANTEA T. KHAZRAEE D.D.S., P.A. Principal Place of Business Mailing Address 900 N SWALLOW TAIL DR 900 N SWALLOW TAIL DR STE 103 STE 103 PORT ORANGE, FL 32129 US PORT ORANGE, FL 32129 01132005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3290843 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE KHAZRAEE, PANTEA T 900 N SWALLOW TAIL DR **STE 103** IN THIS SPACE PORT ORANGE, FL 32129 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. (NOTE: Registered Agent signature required when reinstating) DATE Signature, lyped or printed name of registered agent and little if appliesting 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE U00000181710 KHAZRAEE, PANTEA T NAME 01/18/05-80008-019 150.00 STREET ADDRESS 1951 SOUTH CREEK BLVD. CITY-ST-ZIP DAYTONA BEACH, FL 32128 nn e NAME STREET ADDRESS CITY ST ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 life empowered.

SIGNATURE:

STREET ADDRESS CITY ST ZIP TITLE NAME STREET ADDRESS