## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2007 08:00 AM
Secretary of State

ANNUAL REPORT	
DOCUMENT # P95000051876	

1. Entity Name

**BRITE DENTAL CORPORATION** 



Principal Place of Business

Mailing Address

5046 MISSION SQUARE CIRCLE ZEPHYRHILLS, FL 33542

WINTER HAVEN, FL 33883

5046 MISSION SQUARE CIRCLE ZEPHYRHILLS, FL 33542



DO NOT WRITE IN THIS SPACE

02052007 No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3322628

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

TURNER, MARK 255 MAGNOLIA AVE SW

6. Name and Address of Current Registered Agent

DO NOT WRITE

							office of the second
	named entity submits this statement for the plions of registered agent.	urpose of changing its registere	ed office or re	egistered agent, or bo	th, in the State of Florida	a. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and little	applicable (NOTE: Regalera	d Agent signature	required when reinstating)		DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS		NATURAL PROPERTY.	<b>基金数据的</b>	EXTENSION STATEMENT	7
TITLE	PST		<b>第台</b> 版		<b>在"种"的</b>		j
NAME	ZARE, FARDIN S			A CONTRACTOR			ř
STREET ADDRESS	5046 MISSION SQUARE CIRCLE						Ķ
CITY-ST-ZIP	ZEPHYRHILLS, FL 33542						
TITLE				* 116 \$2.75 (274.)	ETHIN JUYUN	MANORES DA 400 ESTA	ž
NAME			10 m		Especific W. Priores	0000665D3441	À 7
STREET ADDRESS			建筑				
CITY-ST-ZIP							(F)
IITLE			38.4	位表於著名數		为1000个人们的特别	Į.
NAME			<b>感染水</b> 类				à
STREET ADDRESS			3-6-21.5.5.5.3 3-2-25-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	, bo	NOT WR		3
CITY-ST-ZIP			12.7				
TITLE			100		THIS SPA	CE III	3
NAME			3573130	Sea di USS			į.
STREET ADDRESS			1 2 / 2 / 1 / 2 / 2 / 2 / 2 / 2 / 2 / 2				
CITY-ST-ZIP			Maria.	de la sur la companya de la companya			ŝ.
TITLE							51 1
NAME			经证的	2. 大小大學學學		的复数形式 电自动电路	اڅ

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report's 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 employered 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 all address, with all other like empowered.

SIGNATURE: X

STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 3/9/07

(813)