

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90103 019 \*\*\*158.75

<b>DOCUMENT # P96000093985</b>			
1. Entity Name ANGELA S. HILTON, D.M.D., P.A.			
Principal Place of Business 1022 WEST SR 436 #1008 ALTAMONTE SPRINGS, FL 32714		Mailing Address 1022 WEST SR 436 #1008 ALTAMONTE SPRINGS, FL 32714	
2. Principal Place of Business		3. Mailing Address <i>New</i> 14607 Tudor Chase Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Tampa Florida	
Zip	Country	Zip	Country
		33626	Hillborough
4. FEI Number 59-3412547		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		01172006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HILTON, ANGELA S 14607 TUDOR CHASE DRIVE TAMPA, FL 33626		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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: <i>Angela S. Hilton DMD PA</i>		DATE: 1-16-06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HILTON, ANGELA S 14607 TUDOR CHASE DR TAMPA, FL 33626 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing 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 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: <i>Angela S. Hilton DMD</i>		Date: 1-16-06 (813)792-5930	
Signature and typed or printed name of signing officer or director		Date Daytime Phone #	