2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# P97000023888

Entity Name: DENTAL CONCEPTS, INC.

Current Principal Place of Business:

8761 THE ESPLONADE
SUITE #25
ORLANDO, FL 32836

New Principal Place of Business:

8761 THE ESPLANADE
SUITE #25
ORLANDO, FL 32836

Current Mailing Address:

8761 THE ESPLONADE
SUITE #25
ORLANDO, FL 32836

New Mailing Address:

8761 THE ESPLANADE
SUITE #25
ORLANDO, FL 32836

FEI Number: 65-0744359 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VIVODA, MARGARET
8761 THE ESPLANADE
SUITE # 25
ORLANDO, FL 32836 US

Name and Address of New Registered Agent:

VIVODA, MARGARET A
8761 THE ESPLANADE
SUITE # 25
ORLANDO, FL 32836 US

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.

SIGNATURE: MARGARET VIVODA 04/28/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: VIVODA, MARGARET
Address: 9058 HARBOR ISLE DRIVE
City-St-Zip: WINDERMERE, FL 34786

Title: VP ( ) Delete
Name: VIVODA, DARIO
Address: 9058 HARBOR ISLE DRIVE
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: VIVODA, MARGARET A
Address: 8761 THE ESPLANADE SUITE 25
City-St-Zip: ORLANDO, FL 32836

Title: VP (X) Change ( ) Addition
Name: VIVODA, DARIO R
Address: 8761 THE ESPLANADE SUITE 25
City-St-Zip: ORLANDO, FL 32836

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARET A. VIVODA PRES 04/28/2006
Electronic Signature of Signing Officer or Director Date