2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000043440

1. Entity Name
ADVANCED DENTAL APPLIANCES, INC.

Principal Place of Business	Mailing Address
7011 CYPRESS TERRACE SUITE 102 FORT MYERS, FL 33907	7011 CYPRESS TERRACE SUITE 102 FORT MYERS, FL 33907

DO NOT WRITE IN THIS SPACE

04232007   No Chg-P   CR2E034 (11/05)

4. FEI Number 65-0760055	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ZOGHBI, CHEBL N.
7011 CYPRESS TERRACE
STE 102
FT. MYERS, FL 33907

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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

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	ZOGHBI, CHEBL N
STREET ADDRESS	7011 CYPRESS TERRACE, STE 102
CITY-ST-ZIP	FORT MYERS, FL 33907

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

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05/15/07-80034-013 150.00

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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: _____ Chebl Zoghbi 4-26-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #