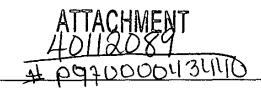
FILED Jul 24, 2008 8:00 am Secretary of State 07-24-2008 90017 012 ***150.00

ANNUAL REPORT	
DOCUMENT # P97000043440	A COLLEGE

1. Entity Nam	ED DENTAL APPLIANCES			07-24	2008 90017 012 *** 130.00
Principal Place 7011 CYPRES SUITE 102 FORT MYERS	SS TERRACE	Mailing Address 7011 CYPRESS TERRA SUITE 102 FORT MYERS, FL 339		darr	Y DENÎ BUY XHER EW EMN ENW DININ Î ÎDD
2. Principal Pl	lace of Business - No P.O. Box #	3. Mailing Address			
Suite, Apt. #, etc. Suite, Apt. #, etc.			01302008 Chg-P	CR2E034 (12/06)	
City & State	•	City & State		4. FEI Number 65-0760055	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desire	sd S8.75 Additional Fee Required
	6, Name and Address of Current	Registered Agent		7. Name and Address of Ne	
ZOGHBI, CHEBL N.			Name		
7011 CYPRESS TERRACE STE 102		Street Address	(P.O. Box Number is Not Accept	able)	
FT. MYER	S, FL 33907		City		Zip Code
A 70 11			L		<u>FL</u>
	ions of registered agent	glili	E Registered Apert agratus requi		f Florida. I am familiar with, and accept 2-1-08
	E NOWIII FEE IS \$150.00 ny 1, 2008 Fee will be \$550.	9. Election Campa	ign Financing\$	5.00 May Bo Ided to Fees	
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS IN 11
TITLE NAME	ZOGHBI, CHEBL N	☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	7011 CYPRESS TERRACE, ST FORT MYERS, FL 33907	E 102	STREET ADDRESS City-St-Zip		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deletz	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE HAME STREET ADDRESS CITY-ST-ZP		☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP		Change Addition
TITLE		Delere	TITLE		Ghange Addition
STREET ADDRESS CITY-ST-ZIP			STREFT ADDRESS CITY-S1-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		C) Delate	TITLE NAME STREET ADDRESS CITY-SI-ZIP		Change Addition
indicated of the cor changed.	on this report or supplemental report report report or the receiver or trustee em, or on an attachment with anyaddress.	is true and accurate and that i powered to execute this report	my signature shall have the las required by Chapter 6	e same legat effect as if made und D7, Florida Statutes; and that my n	is. I further certify that the information for eath; that I am an officer or director same appears in Block 10 or Block 11 if
SIGNAT	TURE: VILLE AND TYPED OR	PRINTED HAME OF BIGHTIND OFFICER	OR DIRECTOR	2-1-00	8 239-437-3253





July 18, 2008

Advanced Dental Appliances, Inc Attn: Chebel Zoghbi 8841 College Pkwy # 105 Fort Myers, Fl 33919

Dear Mr. Zoghbi:

This is in response to your recent inquiry.

I was disappointed to learn of the situation that you encountered with your mail service. It is my understanding that in February, 2008, you filed a change-of-address order for you and your business. Unfortunately, due to software difficulties, your mail carrier was not apprised of this change and your mail was inadvertently held in error until June 2008. As a result, you did not receive your mail in a timely manner and you were assessed with late fees and penalties.

Please be assured that it is our mission to provide you with quality postal services, and we are committed to accomplishing this goal. To ensure that your mail is forwarded properly in the future, Station Manager, Mary Marchand, has assured me that everything has been corrected. We will monitor this situation. Every effort will be made to improve your level of service.

Past experience has shown that financial institutions will give consideration to waiving the fees and penalties assessed when it is apparent that it is not the fault of the customer. It is my hope that this letter will be of assistance in explaining to your creditors and correspondents your unfortunate circumstances.

Please accept my sincere apology for any inconvenience this may have caused you. In the future, if you have any problems, you may contact your delivery supervisor at 239-277-3336.

Sincerely,

Anne Murray Postmaster

Fort Myers/Cape Coral

Anne M. munay