2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 26, 2006 8:00 am
Secretary of State

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1. Entity Nam	MENT # P9700004601 MENDOZA, DMD., PA.	6				006 90017 005 ***150.00	
Principal Place of Business Mailing Address				66020712			
5028 22ND AVE.S. 5028 22ND AVE.S. GULFPORT, FL 33707 GULFPORT, FL 33707					0,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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DO NOT WRITE IN THIS SPACE				04222006	No Chg-P	CR2E034 (11/05)	
				4. FEI Number		Applied For	
				59-3448610 Not Applicable			
				5. Certificate of S	tatus Desirect	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent							
MENDOZA, DAVID R DMD 502B 22ND AVE.S.				DO NOT WRITE			
GULFPORT, FL 33707			IN THIS SPACE				
*							
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. It am familiar with, and accept							
the obligations of registered agent.							
SIGNATURE ————————————————————————————————————							
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees							
10.	OFFICERS AND DIRE	CTORS	<u> </u>				
TITLE NAME	I P MENDOZA, DAVID R DMD						
STREET ADDRESS CITY-ST-ZIP	5028 22ND AVE.S.						
TITLE	GULFPORT, FL 33707		ł				
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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 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 507, 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: 6/20/06 (724/321-534/6							
SIGNATURE AND TYPED ON PRINTED NAME OF BIGHONG OFFICER OR DIRECTOR Date Organic Proce 9							