2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Apr 09, 2007 08:00 Al Secretary of State DOCUMENT # P97000060011 1. Entity Name DIRECT DENTAL STUDIO, INC. Principal Place of Business Mailing Address 1218 GUERNSEY STREET 1218 GUERNSEY STREET ORLANDO FL 32804 ORLANDO FL 32804 2. Principal Place of Business - No P O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number Applied For City & State City & State 59-3454633 Not Applicable Zip Žip Country Country \$8.75 Additional 5. Certificate of Status Dosirod Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DIAMOND, LINDA L Street Address (P.O. Box Number is Not Acceptable) 1218 GUERNSEY STREET ORLANDO FL 32804 City 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 Signature, typed or printed name of registered agent and title i applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change пнг 11717 ☐ Addition ☐ Delete DIAMOND, LINDA L NAME NAME 1218 GUERNSEY STREET STREET ADDRESS STREET ADDRESS ORLANDO FL 32804 CITY-SI-ZIP U00000695851 CITY ST-7IP 04/17/07-80076-019-15-16-00 Addition VP HHI TITLE □ Delete ANDREATAS, NANCY NAME NAME 1218 GUERNSEY STREET STREET ADDRESS STREET ADDRESS ORLANDO FL 32804 CITY-ST-ZIP CITY-ST-ZIP HILE ☐ Change Addition MUE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-7IP Addition HILL ☐ Delete HILF ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- 7IP ☐ Delete ☐ Change Addition TITLE TOLE NAME NAMI Ct. 17:21 8 制制设备 扣 均级设置 STREET ADDRESS STREET ADDRESS CHY-SI-7P CHY-ST-7IP できますの Ban Chiange の Addition HILL Delete IIILE NAME NAME 5世間の前間(円 STREET ADDRESS STREET ADDRESS CHY-ST-7IP CHY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; that I am an efficer 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

45/06

407 835 9700

Daytime Phone #