



**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000078700</b>		
1. Entity Name <b>EVA M. DELATTRE, D.D.S., P.A.</b>		
Principal Place of Business <b>900 E OCEAN BLVD SUITE 248 STUART, FL 34994 US</b>	Mailing Address <b>900 E OCEAN BLVD SUITE 248 STUART, FL 34994 US</b>	 <b>03202006 No Chg-F CR2ED34 (11/05)</b> 4. FEI Number <b>65-0781737</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> Applied For Not Applicable
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent <b>SOPKO, JAMES 853 S.E. MONTEREY COMMONS BLVD. STUART, FL 34996</b>		
<b>DO NOT WRITE IN THIS SPACE</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> <b>110000078710 04/08/06-80016-001 150.00</b>
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT DELATTRE, EVA M D.D.S. 900 E OCEAN BLVD SUITE 248 STUART, FL 34994	
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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: <u>Eva Delattre / Eva Delattre</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>3/20/06</u> <u>235-1176</u> <small>Date Daytime Phone #</small>