


FILED
Apr 14, 2004 08:00 AM
Secretary of State

<div>000000000000 P98000036380</div> <div>1. Entity Name HANDCRAFT DENTAL STUDIO, INC.</div>		<div></div>		Secretary of State													
Principal Place of Business 11358 OKEECHOBEE BLVD. ROYAL PALM BEACH, FL 33411		Mailing Address 11358 OKEECHOBEE BLVD. ROYAL PALM BEACH, FL 33411		<div></div> <div>03272004 11358 OKEECHOBEE BLVD 000000000000</div>													
<div>DO NOT WRITE IN THIS SPACE</div>				<div>4. FEI Number 65-0839409</div> <div>Applied For Not Applicable</div>													
<div>6. Name and Address of Current Registered Agent GOLDBERG, EDWARD M 11358 OKEECHOBEE BLVD. ROYAL PALM BEACH, FL 33411</div>				<div>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 00000000</div>													
<div>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.</div>				<div>DO NOT WRITE IN THIS SPACE</div>													
<div>SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____</div> <div>Signature, typed or printed name of registered agent and title if applicable.</div>																	
<div>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</div>		<div>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 0000000000</div>		<div>0000000113183 04/14/04-80053-009 150.00</div>													
<div>10. OFFICERS AND DIRECTORS</div> <table border="1"><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td>D GOLDBERG, EDWARD M 11358 OKEECHOBEE BLVD. ROYAL PALM BEACH, FL 33411</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td></tr></table>				TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOLDBERG, EDWARD M 11358 OKEECHOBEE BLVD. ROYAL PALM BEACH, FL 33411	TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<div>DO NOT WRITE IN THIS SPACE</div>	
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<div>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</div>																	
<div>SIGNATURE:  EDWARD GOLDBERG 4/10/04 561-790-0822</div> <div>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</div>																	