

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000039221

FILED
Apr 20, 2006
Secretary of State

Entity Name: THE DENT ELIMINATOR, INC.

Current Principal Place of Business:

113 NO FEDERAL HWY
DANIA, FL 33004

New Principal Place of Business:

3800 NW 104 AVENUE
CORAL SPRINGS, FL 33065

Current Mailing Address:

113 NO FEDERAL HWY
DANIA, FL 33004

New Mailing Address:

3800 NW 104 AVENUE
CORAL SPRINGS, FL 33065

FEI Number: 65-0836180

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, GERALD J
113 NO FEDERAL HWY
DANIA, FL 33004 US

Name and Address of New Registered Agent:

HART, IVONNE
3800 NW 104 AVENUE
CORAL SPRINGS, FL 33065 US

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.

SIGNATURE: IVONNE HART

04/20/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: HART, TIMOTHY W
Address: 3800 NW 104 AVE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D () Delete
Name: HART, TIMOTHY W
Address: 3800 NW 104 AVE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D () Delete
Name: ADAMS, GERALD
Address: 113 N. FEDERAL HWY
City-St-Zip: DANIA, FL 33004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HART, IVONNE
Address: 3800 NW 104 AVENUE
City-St-Zip: CORAL SPRINGS, FL 33065

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IVONNE HART

D

04/20/2006

Electronic Signature of Signing Officer or Director

Date