

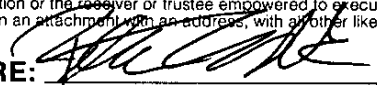


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90161 013 ***150.00

DOCUMENT # P98000064657 1. Entity Name ABBA DENTAL INC.					
Principal Place of Business 2332 17TH ST 7 SARASOTA, FL 34234			Mailing Address 2332 17TH ST SARASOTA, FL 34234		
2. Principal Place of Business 2050 Proctor Rd Suite, Apt. #, etc. Sk H		3. Mailing Address 2050 Proctor Rd Suite, Apt. #, etc. Suite H		 04272005 Chg-P CR2E034 (10/03)	
City & State Sarasota, FL		City & State Sarasota, FL			
Zip 34231 Country		Zip 34231 Country			
4. FEI Number 65-0852571		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent MATICSEK, PETER 2332 17TH ST. SUITE #7 SARASOTA, FL 34234	
7. Name and Address of Now Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2050 Proctor Rd Suite H City Sarasota FL Zip Code 34231					
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)</small>					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		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 another like empowered.			
TITLE ST NAME MATICSEK, PETER <input type="checkbox"/> Delete STREET ADDRESS 1035 SIRUS TRAIL CITY-ST-ZIP SARASOTA, FL 34232		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
SIGNATURE:  PETER MATICSEK 04/27/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					