

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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TALLAHASSEE, FLORIDA

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<b>DOCUMENT # P98000076103</b>					
1. Entity Name <b>DENTCO USA INCORPORATED</b>					
Principal Place of Business <b>2930 166 AVE NO CLEARWATER, FL 33760</b>			Mailing Address <b>2930 166 AVE NO CLEARWATER, FL 33760</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-3525300</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>LABRECQUE, EDWARD C 1202 NEBRASKA AVE PALM HARBOR, FL 34683</b>				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
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: <i>Edward C. Labrecque</i>				DATE: <b>6/30/05</b>	
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005				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		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DEGEN, JAMES A</b>		NAME		
STREET ADDRESS	<b>2930 166 AVE N</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CLEARWATER, FL 33760</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>[Signature]</i>				DATE: <b>6/29/05</b> (813) 833-5526	
SIGNATURE AND THREE-DIGIT PIN OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	