

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000097010

Entity Name: DDS CONSULTANTS, INC.

FILED  
Jan 25, 2006  
Secretary of State

## Current Principal Place of Business:

393 N. POINTE ROAD, #802  
OSPREY, FL 34229

## New Principal Place of Business:

## Current Mailing Address:

393 N. POINTE ROAD, #802  
OSPREY, FL 34229

## New Mailing Address:

FEI Number: 65-0878227

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FINE, JEFFREY J  
393 NORTH POINTE ROAD  
SUITE 802  
OSPREY, FL 34229 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PS ( ) Delete  
Name: FINE, JEFFREY  
Address: 393 N. POINTE ROAD, #802  
City-St-Zip: OSPREY, FL 34229

Title: VT ( ) Delete  
Name: COYLE, ALANA  
Address: 393 N. POINTE ROAD, #802  
City-St-Zip: OSPREY, FL 34229

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: ALANA COYLE

VP

01/25/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date