


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90237 049 ***150.00

DOCUMENT # P98000097404	
1. Entity Name NEXT LEVEL DDS INC.	

Principal Place of Business C/O DOUGLAS J.M. DESOUZA 2405 MERIDIAN AVE 33 PELICAN ISLE MIAMI BEACH, FL 33139 FT. LAUDERDALE, FL 33301	Mailing Address C/O DOUGLAS J.M. DESOUZA 2405 MERIDIAN AVE 33 PELICAN ISLE MIAMI BEACH, FL 33139 FT. LAUDERDALE, FL 33301
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03072005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0901205	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DESOUZA, DOUGLAS
~~2405 MERIDIAN AVE~~ 33 PELICAN ISLE
~~MIAMI BEACH, FL 33139~~ FT. LAUDERDALE, FL 33301

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DESOUZA, DOUGLAS 2405 MERIDIAN AVE 33 PELICAN ISLE MIAMI BCH, FL 33139 FT. LAUDERDALE, FL 33301
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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.

SIGNATURE:

 - DOUGLAS DE SOUZA - 4/19/05 - (954) 759-0088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #