

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000105034

FILED
Feb 18, 2011
Secretary of State

Entity Name: DENTAL EQUIPMENT LIQUIDATORS, INC

Current Principal Place of Business:

SCHEER COMMERCE CENTER
16739 SCHEER BLVD.
HUDSON, FL 34667

New Principal Place of Business:

Current Mailing Address:

SCHEER COMMERCE CENTER
16739 SCHEER BLVD.
HUDSON, FL 34667

New Mailing Address:

FEI Number: 59-3552140

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, GREGORY W
SCHEER COMMERCE CENTER
16739 SCHEER BLVD.
HUDSON, FL 34667 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

OFFICERS AND DIRECTORS:

Title: PD
Name: BROWN, GREGORY W
Address: 11116 LAKEVIEW DR
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: SC
Name: NEWMAN-BROWN, LEANNE L
Address: 11116 LAKEVIEW DR
City-St-Zip: NEW PORT RICHEY, FL 34654

I hereby 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 all other like empowered.

SIGNATURE: GREGORY W. BROWN

PD

02/18/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date