

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000004486

FILED  
Jan 09, 2009  
Secretary of State

Entity Name: DISTINCTIVE DENTAL DESIGNS, INC.

**Current Principal Place of Business:**

5676 CORPORATE WAY  
WEST PALM BEACH, FL 33407

**New Principal Place of Business:**

**Current Mailing Address:**

5676 CORPORATE WAY  
WEST PALM BEACH, FL 33407

**New Mailing Address:**

FEI Number: 65-0889679

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KLIMEZKY, KEITH  
5676 CORPORATE WAY  
WEST PALM BEACH, FL 33407 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: PSTD ( ) Delete  
Name: KLIMEZKY, KEITH  
Address: 5676 CORPORATE WAY  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VP ( ) Delete  
Name: KLIMEZKY, KIM  
Address: 5676 CORPORATE WAY  
City-St-Zip: WEST PALM BEACH, FL 33407

**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 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: KIM KLIMEZKY

VP

01/09/2009

Electronic Signature of Signing Officer or Director

Date