2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: -

Apr 21, 2008 08:00 A Secretary of State **DOCUMENT # P99000005311** CHRISTINE GRANT, D.M.D., P.A. Principal Place of Business Mailing Address 1407 W. SWANN AVE. 1407 W. SWANN AVE. TAMPA, FL 33609 TAMPA, FL 33609 04142008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3551579 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GRANT, CHRISTINE DO NOT WRITE 1407 W. SWANN AVE. IN THIS SPACE TAMPA, FL 33609 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, typed or printed name of registered agent and title if applicable, (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE **GRANT, CHRISTINE** NAME STREET ADDRESS **1407 W SWANN** CITY-ST-ZIP **TAMPA, FL 33606** NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY -ST - ZIP TITLE NAME STREET ADDRESS 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

FILED