2007 FOR PROFIT CORPORATION

FILED May 03, 2007 08:00 A Secretary of State ANNUAL REPORT DOCUMENT # P99000005520 HARVINDER S. CHADDA, B.D.S., P.A. Principal Place of Business Mailing Address 991 MORI COURT 991 MORI COURT PORT ORANGE, FL 32127 PORT ORANGE, FL 32127 No Chg-P CR2E034 (11/05) 04242007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3549006 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHADDA, HARVINDER S DO NOT WRITE 991 MORI COURT PORT ORANGE, FL 32127 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent algorature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 05/23/07-80104-006 150.00 / After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TITLE CHADDA, HARVINDER S NAME 991 MORI COURT STREET ADDRESS CITY-ST-ZIP PORT ORANGE, FL 32127 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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.

SIGNATURE:

TITLE NAME STREET ADDRESS

> SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR