

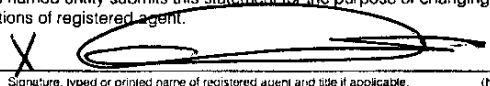
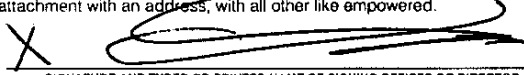


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 17, 2006 8:00 am**  
**Secretary of State**

07-17-2006 90142 036 \*\*\*150.00

<b>DOCUMENT # P99000016502</b> 1. Entity Name <b>D. ROSS TADDEO DDS PA</b>					
Principal Place of Business 1987 S ALAFAYA TRAIL, SUITE 225 ORLANDO, FL 32828			Mailing Address 1987 S ALAFAYA TRAIL, SUITE 225 ORLANDO, FL 32828		
2. Principal Place of Business <b>1561 S Alafaya Tr</b> Suite, Apt. #, etc. <b>100</b>		3. Mailing Address <b>1561 S Alafaya Tr</b> Suite, Apt. #, etc. <b>100</b>			
City & State <b>Orlando, FL</b>		City & State <b>Orlando, FL</b>		4. FEI Number <b>59-3556850</b>	
Zip <b>32828</b>		Country <b>FL</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>TADDEO, D. ROSS</b> <b>1987 S ALAFAYA TRAIL, SUITE 225</b> <b>ORLANDO, FL 32828</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b>				Zip Code <b>32828</b>	
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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>D</b>			TITLE <input type="checkbox"/> Delete		
NAME <b>TADDEO, D. ROSS</b>			NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS <b>2292 HILLSHIRE DR</b>			STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP <b>ORLANDO, FL 32828</b>			CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> Delete			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition			NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition			STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 				Date <b>7-11-06</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # <b>407 4823700</b>	