2004 FOR PROFIT CORPORATION

May 03, 2004 8:00 am Secretary of State ANNUAL REPORT 05-03-2004 90670 013 ***150.00 **DOCUMENT # P99000031117** 1. Entity Name GORD DENTAL ARTS, INC. 94078733 Principal Place of Business Mailing Address 225 MAIN ST. SUITE #8 P.O. BOX 5209 DESTIN, FL 32540 DESTIN, FL 04222004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3568346 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GORD, BRUCE H DO NOT WRITE 225 MAIN ST. SUITE #8 DESTIN, FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE GORD, BRUCE H NAME STREET ADDRESS P.O. BOX 5209 CITY-ST-ZIP DESTIN, FL 32540 TITLE NAME STREET ADDRESS CITY - ST- 71P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME 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 exemption stated in Section 119.07(3)(i), 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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED