2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

May 01, 2008 08:00 AN Secretary of State DOCUMENT # P99000031117 GORD DENTAL ARTS, INC. Principal Place of Business Mailing Address 225 MAIN ST. SUITE #8 P.O. BOX 5209 DESTIN, FL DESTIN, FL 32540 No Chg-P 02182008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3568346 \$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 MÁIN 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. . After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS TITLE GORD, BRUCE H STREET ADDRESS P.O. BOX 5209 CITY-ST-7IP DESTIN, FL 32540 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS 12. I hereby certify that the information supplied with this filling 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 trusted 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 impowered.

BRUCE GOLD

FILED