2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000053033

FILED Jun 30, 2004 Secretary of State

Entity Nan	ne: FLORIDA	A DENTAL REPAIR, INC.			
Current Pr	incipal Place	of Business:	New Principal Place of	of Business:	
6675-114 T LARGO, Fl	"H AVENUE N _ 33773	IORTH			
Current Mailing Address:			New Mailing Address:		
6675-114 T LARGO, Fl	"H AVENUE N _ 33773	IORTH			
FEI Number:	59-3582229	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
	, PHILIP D LANE NOF E, FL 33772	RTH			
The above in the State		submits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	nic Signature of Registered Age	nt	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (LEINBACH, PH 9620 123RD L SEMINOLE, FL	ANE NORTH	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VPS (LEINBACH, MA 9620 123RD L SEMINOLE, FL	ANE NORTH	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILIP LEINBACH RA 06/30/2004