2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2005
Secretary of State

DOCUMENT# P99000062567

Entity Name: NAPLES DENTAL ART CENTER INC.

Current Principal Place of Business:

4325N N TAMIAMI TRAIL
NAPLES, FL 34103

New Principal Place of Business:

4325 N TAMIAMI TRAIL
NAPLES, FL 34103

Current Mailing Address:

4325N N TAMIAMI TRAIL
NAPLES, FL 34103

New Mailing Address:

4325 N TAMIAMI TRAIL
NAPLES, FL 34103

FEI Number: 52-2185161 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EETESSAM, ALI M
4325 NORTH TAMIAMI TRAIL
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DR. ( ) Delete
Name: EETESSAM, ALI M
Address: 4336 KENSINGTON HIGH ST
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ALI M EETESSAM DR. 01/05/2005
Electronic Signature of Signing Officer or Director Date