2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000064360

Entity Name: DENTAL MAX USA, INC.

City-St-Zip:

DELRAY BEACH, FL 33446

FILED Jan 28, 2007 Secretary of State

		The occupance of the oc			
Current P	rincipal Place	e of Business:	New Principal Place of	New Principal Place of Business:	
SUITE 104	M BEACH BLV I LM BEACH, FI				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
SUITE 104	M BEACH BLV I LM BEACH, FI				
FEI Number:	: 65-0949510	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:					
DELRAY E	REL RIDGE CO BEACH, FL 33	446 US	purpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
	Electror	nic Signature of Registered Ag	jent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () SHAPIRO, DAF 8095 LAUREL DELRAY BEAC	RIDGE COURT	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	SHAPIRO, SET) Delete H RIDGE COURT	Title: Name: Address:	()Change ()Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: DR. SETH A. SHAPIRO S 01/28/2007