


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State


04-29-2004 90334 030 ***150.00

DOCUMENT # V49027	
1. Entity Name DENTAL TECHNICAL SERVICES, INCORPORATED	

Principal Place of Business 4912 CORAL BLVD. BRADENTON FL 34210	Mailing Address 4912 CORAL BLVD. BRADENTON FL 34210
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2. Principal Place of Business 2838 72ND ST CT W. Suite, Apt. #, etc.	3. Mailing Address 2838 72ND ST CT W. Suite, Apt. #, etc.
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City & State BRADENTON FL	City & State BRADENTON FL
Zip 34209	Country



MOORE CR2E034 (11/03)

4. FEI Number 65-0348801	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent SCHOFIELD, P. ALLEN 1429 60TH AVENUE WEST SUITE 300 BRADENTON FL 34207	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D BEAULIEU, STEVEN <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAULIEU, STEVEN	NAME	STEVEN BEAULIEU
STREET ADDRESS	4912 CORAL BLVD	STREET ADDRESS	2838 72ND ST CT W
CITY-ST-ZIP	BRADENTON FL	CITY-ST-ZIP	BRADENTON FL 34209
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  **STEVEN BEAULIEU** **4-26-04** **941-448-9040**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #