


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2006 8:00 am
Secretary of State

04-28-2006 90146 047 ***150.00

DOCUMENT # F0000002868					
1. Entity Name IMPLANT INNOVATIONS HOLDING CORPORATION					
Principal Place of Business 4555 RIVERSIDE DRIVE PALM BEACH GARDENS, FL 33410			Mailing Address 4555 RIVERSIDE DRIVE PALM BEACH GARDENS, FL 33410		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 35-2088040	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SABIN, EDWARD G 4555 RIVERSIDE DRIVE PALM BEACH GARDENS, FL 33410			7. Name and Address of New Registered Agent AAA COMPANIES INC. 1380 PROSPERITY FARMS RD., #221E PALM BEACH GARDENS FL 33410		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	D/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARTMAN, GREGORY D	NAME			
STREET ADDRESS	AIRPORT INDUSTRIAL PARK	STREET ADDRESS	50 EAST BELL DRIVE		
CITY-ST-ZIP	WARSAW, IN	CITY-ST-ZIP	WARSAW, IN 46581-0587		
TITLE	S <input type="checkbox"/> Delete	TITLE	VP/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SABIN, EDWARD G	NAME			
STREET ADDRESS	4555 RIVERSIDE DRIVE	STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS, FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE			
NAME	HANN, DANIEL P	NAME			
STREET ADDRESS	AIRPORT INDUSTRIAL PARK	STREET ADDRESS			
CITY-ST-ZIP	WARSAW, IN	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE			
NAME	MILLER, DANE A	NAME			
STREET ADDRESS	AIRPORT INDUSTRIAL PARK	STREET ADDRESS			
CITY-ST-ZIP	WARSAW, IN	CITY-ST-ZIP			
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE			
NAME	DOEDENS, BART	NAME			
STREET ADDRESS	4555 RIVERSIDE DRIVE	STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS, FL	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE			
NAME	CRISER, GLENN	NAME			
STREET ADDRESS	4555 RIVERSIDE DRIVE	STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS, FL	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing 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 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: <u>C. D. Adams</u>			Date: <u>4/27/06</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		