

A. Ralph Mollis, Secretary of State

Corporations Division

148 W. River Street

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009
Filing Period: January 1 March 1) Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

Providence. RI 02904-2615 401.222.3040

* In accordance with R.I.G.L., 7-1.2-, subject to a penalty fee of \$25.00.	1501(e), euch corporation fa	tiling or refusing to file its ann	ual report within	thirty (30) days after i	the time prescribed by law (R.	I.G.L. 7-1.2-1501(c&d)) is	
1. Corporate ID No. 487564	2. Name of Corporation Dent Zone Comp	panies					
3. Street Address Principal Business Office 5100 N. O'Connor blcd, suite 100			ார் irving		State tx	Ζίρ 75019	
4 Business Phone No 5 State of Incorporation texas							
6. Brief Description of the Character of Business Conducted in Rhode Island PAINTLESS DENT REPAIR SERVICE CONTRACTS							
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS							
President Name GREG HULTGREN	Vice President Name						
Street Address 5100 N. O'Connor blcd, suite 100			Street Address 5100 N. O'Connor blcd, suite 100				
City: irving	State tx	^{ℤφ} 75 019	City irving		State tx	^{Zip} 75019	
Troy Good				Treasurer Name			
Street Address 5100 N. O'Connor blcd, suite 100			Street Address 5100 N. O'Connor blcd, suite 100				
irving	state tx	75019	cin irving		State tx	75019	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name Or Get Y			Oirector Name				
Street Address 5100 N. O'Connor blcd, suite 100			Street Address 5100 N. O'Connor blcd, suite 100			RATE RATE	
City	State	Zip	Git_{Γ}		State	140 9	
irving	J tx	75019	irving		tx	7 50 19 🗸 👝 👝	
Director Name			Director Name				
Street Address		Stroot Address			6 ***		
City	State	Zip	City		State	Zıp	
9. SHARES AUTHORIZED	on	l			BOX FOR ATTACHME	VT)	
This information is currently of record in the Office of the Secretary of			Number of Shai		Class Series	Par Valne	
State. Changes require an additional filing. See Section 9 of instruction sheet.			50 M	ILLION	COMMON	.01/share	
			2 M	ILLION	COMMON PREFERED	.01/share	
This report must be executed of	on behalf of the corpo	oration by an authorized	d representati	ve. If the corporat	ion is in the hands of a	receiver or trustee,	

	FILED
File Date	FEB 0 2 2009
The Dine	By 019682
Check NoBy:	KMC

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report
including any accompanying schedules and statements, and that all statements
contained herein are true and correct.
x tre 1/1/100
Signature Date
brey Holtgren 1
Print or Type Name
CEO Pres.
Title