

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90178 019 ***150.00

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1. Entity Name
 GREEN DENTAL LABORATORIES, INC.



Principal Place of Business
 1099 WILBURN ROAD
 HEBER SPRINGS, AR 72543

Mailing Address
 526 BOSTON POST RD
 SUITE 207
 WAYLAND, MA 01778

40085032



04162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 71-0587320

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
 2731 EXECUTIVE PARK DRIVE, SUITE 4
 WESTON, FL 33331

DO NOT WRITE IN THIS SPACE

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	THOMPSON, SCOTT
STREET ADDRESS	1099 WILBURN ROAD
CITY-ST-ZIP	HEBER SPRINGS, AR 72543
TITLE	V
NAME	NORDSKOG, RICHARD
STREET ADDRESS	1099 WILBURN ROAD
CITY-ST-ZIP	HEBER SPRINGS, AR 72543
TITLE	V
NAME	EDDINGTON, BURT
STREET ADDRESS	1099 WILBURN ROAD
CITY-ST-ZIP	HEBER SPRINGS, AR 72543
TITLE	V
NAME	RIGGIN, SCOTT
STREET ADDRESS	1099 WILBURN ROAD
CITY-ST-ZIP	HEBER SPRINGS, AR 72543
TITLE	D
NAME	BROWN, DAVID
STREET ADDRESS	526 BOSTON POST ROAD
CITY-ST-ZIP	WAYLAND, MA 01778
TITLE	S
NAME	SIEGEL, DONALD
STREET ADDRESS	800 BOSTON ST 33RD FLOOR
CITY-ST-ZIP	BOSTON, MA 02114

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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:

Richard F. Beckor RICHARD F. BECKOR 4-16-07 508-358-4422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #