


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90264 007 ***150.00

DOCUMENT # F04000003008 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	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 2 Vision Drive Suite, Apt. #, etc.	
City & State Zip Country		City & State Natick, MA Zip Country 01760	
4. FEI Number 71-0587320		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	P THOMPSON, SCOTT <input type="checkbox"/> Delete	TITLE	Change Addition
NAME	THOMPSON, SCOTT	NAME	
STREET ADDRESS	1099 WILBURN ROAD	STREET ADDRESS	
CITY-ST-ZIP	HEBER SPRINGS, AR 72543	CITY-ST-ZIP	
TITLE	V NORDSKOG, RICHARD <input type="checkbox"/> Delete	TITLE	Change Addition
NAME	NORDSKOG, RICHARD	NAME	
STREET ADDRESS	1099 WILBURN ROAD	STREET ADDRESS	
CITY-ST-ZIP	HEBER SPRINGS, AR 72543	CITY-ST-ZIP	
TITLE	V EDDINGTON, BURT <input type="checkbox"/> Delete	TITLE	Change Addition
NAME	EDDINGTON, BURT	NAME	
STREET ADDRESS	1099 WILBURN ROAD	STREET ADDRESS	
CITY-ST-ZIP	HEBER SPRINGS, AR 72543	CITY-ST-ZIP	
TITLE	V RIGGIN, SCOTT <input type="checkbox"/> Delete	TITLE	Change Addition
NAME	RIGGIN, SCOTT	NAME	
STREET ADDRESS	1099 WILBURN ROAD	STREET ADDRESS	
CITY-ST-ZIP	HEBER SPRINGS, AR 72543	CITY-ST-ZIP	
TITLE	D BROWN, DAVID <input type="checkbox"/> Delete	TITLE	Change Addition
NAME	BROWN, DAVID	NAME	
STREET ADDRESS	526 BOSTON POST ROAD	STREET ADDRESS	
CITY-ST-ZIP	WAYLAND, MA 01778	CITY-ST-ZIP	
TITLE	S SIEGEL, DONALD <input type="checkbox"/> Delete	TITLE	Change Addition
NAME	SIEGEL, DONALD	NAME	
STREET ADDRESS	800 BOSTON ST 33RD FLOOR	STREET ADDRESS	
CITY-ST-ZIP	BOSTON, MA 02114	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: <i>Richard F. Beck</i> RICHARD F. BECK		Date: <i>4/28/08</i> Daytime Phone #: <i>508-907-7800</i>	