

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K19823

FILED  
May 01, 2007  
Secretary of State

Entity Name: ABC DENTAL LABORATORY, INC.

## Current Principal Place of Business:

1210 BELLEAIR ROAD  
CLEARWATER, FL 33756 US

## New Principal Place of Business:

15950 BAY VISTA DRIVE  
#390  
CLEARWATER, FL 33760 US

## Current Mailing Address:

1210 BELLEAIR ROAD  
CLEARWATER, FL 33756 US

## New Mailing Address:

15950 BAY VISTA DRIVE  
#390  
CLEARWATER, FL 33760 US

FEI Number: 59-3103095

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GRIFFIN, DAVID W PA  
565 SOUTH DUNCAN AVE  
CLEARWATER, FL 33756 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: STPV ( ) Delete  
Name: BAKER, MOHAMMED,  
Address: 1210 BELLEAIR ROAD  
City-St-Zip: CLEARWATER, FL 33756

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BAKER, MOHAMMED,  
Address: 15950 BAY VISTA DRIVE, #390  
City-St-Zip: CLEARWATER, FL 33760

Title: VPST ( ) Change (X) Addition  
Name: BAKER, YELENA A  
Address: 15950 BAY VISTA DRIVE #390  
City-St-Zip: CLEARWATER, FL 33760

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MOHAMMED BAKER

P

05/01/2007

Electronic Signature of Signing Officer or Director

Date