

2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 09, 2007
Secretary of State**

DOCUMENT# P02000080174

Entity Name: ABC DENTAL LAB. INC.

Current Principal Place of Business:

6941 CYPRESS COVE CIRCLE
JUPITER, FL 33458

New Principal Place of Business:

Current Mailing Address:

6941 CYPRESS COVE CIRCLE
JUPITER, FL 33458

New Mailing Address:

FEI Number: 13-4204752 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARDEN, ANDREW B
6941 CYPRESS COVE CIRCLE
JUPITER, FL 33458 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: P () Delete
Name: CARDEN, ANDREW B
Address: 6941 CYPRESS COVE CIR.
City-St-Zip: JUPITER, FL 33458

Title: VP () Delete
Name: CARDEN, JAMES R
Address: 6941 CYPRESS COVE CIR.
City-St-Zip: JUPITER, FL 33458

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ANDREW CARDEN

P

07/09/2007

Electronic Signature of Signing Officer or Director

_____ Date