2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000128571

Entity Name: CORONA DENTAL LABORATORY INC.

FILED May 27, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9350 NW 24TH ST 6054 NW WINFIELD DRIVE SUNRISE, FL 33322 US PORT ST LUCIE, FL 34986 US

Current Mailing Address: New Mailing Address:

9350 NW 24TH ST 6054 NW WINFIELD DRIVE SUNRISE, FL 33322 US PORT ST LUCIE, FL 34986 US

FEI Number: 20-4807628 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GRANDA, DIANA
9350 NW 24TH ST
SUNRISE, FL 33322 US
GRANDA, DIANA
6054 NW WINFIELD DRIVE
PORT ST LUCIE, FL 34986 US

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: 05/27/2007

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name: GRANDA, DIANA Name: GRANDA, DIANA

 Address:
 9350 NW 24TH ST
 Address:
 6054 NW WINFIELD DRIVE

 City-St-Zip:
 SUNRISE, FL 33322 US
 City-St-Zip:
 PORT ST LUCIE, FL 34986 US

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: DIANA GRANDA MRS 05/27/2007