

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000152062

FILED
Feb 11, 2007
Secretary of State

Entity Name: ACCIDENT DENTAL LABORATORIES, INC.

Current Principal Place of Business:

198 NW 46TH AVE., #26
MIAMI, FL 33126

New Principal Place of Business:

4150 NW 7TH STREET
206
MIAMI, FL 33126

Current Mailing Address:

198 NW 46TH AVE., #26
MIAMI, FL 33126

New Mailing Address:

4150 NW 7TH STREET
206
MIAMI, FL 33126

FEI Number: 20-8204199

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVAS, CARLOS
198 NW 46TH AVE., #26
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

RIVAS, CARLOS
4150 NW 7TH STREET
206
MIAMI, FL 33126 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: CARLOS RIVAS

02/11/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RIVAS, CARLOS
Address: 198 NW 46TH AVE., #26
City-St-Zip: MIAMI, FL 33126

Title: VD () Delete
Name: RIVAS, EKSIBA
Address: 198 NW 46TH AVE., #26
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RIVAS, CARLOS
Address: 4150 NW 7TH STREET, SUITE 206
City-St-Zip: MIAMI, FL 33126

Title: VD (X) Change () Addition
Name: RIVAS, EKSIBA
Address: 4150 NW 7TH STREET, SUITE 206
City-St-Zip: MIAMI, FL 33126

I hereby certify that the information supplied with this filing does not qualify for the 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: CARLOS RIVAS

PD

02/11/2007

Electronic Signature of Signing Officer or Director

Date