2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 329771

Entity Name: O A DENTAL LAB, INC.

FILED Mar 28, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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3170 SIXMA RD. P.O. BOX 190 LAKE HELEN, FL 32744

Current Mailing Address: New Mailing Address:

3170 SIXMA RD. P.O. BOX 190 LAKE HELEN, FL 32744

FEI Number: 59-1207386 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

KNIGHT, JAMES E 3601 SE OCEAN BLVD., #200 STUART, FL 34996

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 KUNZIG,DONALD M,
 Name:
 KUNZIG,DONALD M,

 Address:
 3170 SIXMA RD.
 3170 SIXMA RD.

 City-St-Zip:
 LAKE HELEN, FL
 City-St-Zip:
 LAKE HELEN, FL
 32744

Title: SVD () Delete Title: SVD (X) Change () Addition

 Name:
 KUNZIG,DIANA J,
 Name:
 KUNZIG,DIANA J,

 Address:
 3170 SIXMA RD.
 Address:
 3170 SIXMA RD.

 City-St-Zip:
 LAKE HELEN, FL
 City-St-Zip:
 LAKE HELEN, FL
 32744

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 J KUNZIG SVD 03/28/2004