2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005
Secretary of State

DOCUMENT# F91986

Entity Name: WINTER SPRINGS DENTAL LAB, INC.

Current Principal Place of Business:

620 SR 434 STE 5
WINTER SPRINGS, FL 32708

New Principal Place of Business:

Current Mailing Address:

620 SR 434 STE 5
WINTER SPRINGS, FL 32708

New Mailing Address:

FEI Number: 59-2210553 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLACK, MICHAEL
881 HEATHER GLENN CIR
LAKE MARY, FL 32745 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BLACK, MICHAEL C
Address: 881 HEATHER GLENN CIR
City-St-Zip: LAKE MARY, FL 32745

Title: TD ( ) Delete
Name: BLACK, MICHAEL C
Address: 881 HEATHER GLENN CIRCLE
City-St-Zip: LAKE MARY, FL

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 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: MICHAEL C. BLACK PD 02/17/2005

Electronic Signature of Signing Officer or Director — Date