

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 518393**  
1. Entity Name  
**BROOKS DENTAL LABORATORIES INC.**



Principal Place of Business 7501 STILLER LAKE ROAD PENSACOLA, FL 32526	Mailing Address 7501 STILLER LAKE ROAD PENSACOLA, FL 32526
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01032008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEJ Number 59-1700400	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**BROOKS, KENNETH  
8201 EIGHT MILE CREEK ROAD  
PENSACOLA, FL 32526**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BROOKS, KENNETH 8201 8 MILE CREEK RD PENSACOLA, FL 00000.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BROOKS, GWENDOLYN A 8201 8 MILE CREEK RD PENSACOLA, FL 00000.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

00000390270  
01/30/06-80003-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gwendolyn Brooks **GWENDOLYN BROOKS** 1-17-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #