


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Feb 15, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 561487</b>	
1. Entity Name <b>CREATIVE ARTS DENTAL LAB, INC.</b>	

Principal Place of Business <b>2810-A INDUSTRIAL PLAZA DRIVE TALLAHASSEE, FL 32301</b>	Mailing Address <b>2810-A INDUSTRIAL PLAZA DRIVE TALLAHASSEE, FL 32301</b>
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01172005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1805902</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>MUNOZ, E. PHILIP 9364 BUCK HAVEN TRAIL TALLAHASSEE, FL 32312</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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I, the above named entity, submit 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: *E. Philip Munoz* DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and (if applicable, the principal place of business) (If not principal place of business, signature required when changing)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	UN00000230282 02/15/05-80037-003 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MUNOZ, E. PHILIP 9364 BUCK HAVEN TRAIL TALLAHASSEE, FL
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c) 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: *E. Philip Munoz* **2-14-05 8508776221**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY-MONTH-YEAR