2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2005
Secretary of State

DOCUMENT# 597157

Entity Name: G. CLELLAND DENTAL LAB., INC.

Current Principal Place of Business:

2800 E. COMMERCIAL BLVD
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

2800 E. COMMERCIAL BLVD
FORT LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 59-1875524 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLELLAND, GORDON
2801 N.E. 59TH STREET
FORT LAUDERDALE, FL 33308 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: CLELLAND, GORDON L.,
Address: 2801 NE 59 ST
City-St-Zip: FORT LAUDERDALE, FL

Title: D ( ) Delete
Name: CLELLAND, PAULA S.,
Address: 2801 NE 59 ST
City-St-Zip: FORT LAUDERDALE, 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: GORDON L CLELLAND PD 01/22/2005

Electronic Signature of Signing Officer or Director Date