2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 623399

City-St-Zip:

PT. ST. LUCIE, FL 34953

FILED Apr 29, 2005 Secretary of State

Entity Name: E.A. FROMEN ORTHODONTIC LAB, INC.

Current Principal Place of Business: New Principal Place of Business: 2115 SE LENNARD RD 1849 S.W. BILTMORE ST. PORT SAINT LUCIE, FL 34952 PORT SAINT LUCIE, FL 34984 US LIS **Current Mailing Address: New Mailing Address:** 2115 SE LENNARD RD 1849 S.W. BILTMORE ST. PORT SAINT LUCIE, FL 34952 US PORT SAINT LUCIE, FL 34984 US FEI Number: 59-1915814 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: KACZMAREK, JOHN C., P.A. 900 N. FEDERAL HIGHWAY BOCA RATON, FL 33432 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: () Delete Title: () Change () Addition FROMEN, EDWARD A., Name: Name: 237 S.W. FERNLEAF TR Address: 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: EDWARD A. FROMEN PRES 04/29/2005