2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002165

FILED Jul 14, 2006 Secretary of State

Entity Name: AFFORDABLE DENTURES DENTAL LABORATORIES, INC.

Current Principal Place of Business:			New Principal Place of Business:		
	1WAY 70 WES ⁻ NC 28504	Т			
Current Mailing Address:			New Mailing Address:		
P.O. BOX KINSTON,	1042 NC 28503				
El Number: 56-1678938		FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address of New Registered Agent:		
2731 EXE	VICES, INC. CUTIVE PARK FL 33331 U	DR STE 4 JS			
·					
		ubmits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
	named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
n the State	named entity s e of Florida. RE:	ubmits this statement for the place of Signature of Registered Ag		d office or registered agent, or both, Date	
n the State SIGNATUI n accordan	named entity see of Florida. RE: Electronice with s. 607.193	ic Signature of Registered Ag	ent		
n the State SIGNATUI n accordan Election Car	named entity see of Florida. RE: Electronice with s. 607.193	ic Signature of Registered Ag (2)(b), F.S., the corporation did no Trust Fund Contribution ().	ent ot receive the prior notice.		
n the State SIGNATUI n accordan Election Car	named entity set of Florida. RE: Electronice with s. 607.193 mpaign Financing S AND DIRECT	ic Signature of Registered Ag (2)(b), F.S., the corporation did no Trust Fund Contribution (). FORS: Delete DRGE L JR.	ent ot receive the prior notice.	Date	
n the State BIGNATUI n accordan Election Car DFFICER: Title: lame: kddress:	e named entity see of Florida. RE: Electronice with s. 607.193 mpaign Financing S AND DIRECT DP () EDWARDS, GEOP.O. BOX 1042 KINSTON, NC 2	ic Signature of Registered Agra(2)(b), F.S., the corporation did not rust Fund Contribution (). FORS: Delete ORGE L JR. 28503 Delete THY	ent of receive the prior notice. ADDITIONS/CHANGI Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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:	GEORGE L	EDWARDS, JR.	Р	07/14/2006
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