


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90020 046 ***150.00

DOCUMENT # F03000002165					
1. Entity Name AFFORDABLE DENTURES DENTAL LABORATORIES, INC.					
Principal Place of Business 4990 HIGHWAY 70 WEST KINSTON, NC 28504			Mailing Address P.O. BOX 1042 KINSTON, NC 28503		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 56-1678938	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR STE 4 WESTON, FL 33331				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EDWARDS, LOREN W		NAME		
STREET ADDRESS	4990 HWY. 70 WEST		STREET ADDRESS		
CITY-ST-ZIP	KINSTON, NC 28504		CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Delete	TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PATE, G. TIMOTHY		NAME		
STREET ADDRESS	4990 HWY 70 WEST		STREET ADDRESS		
CITY-ST-ZIP	KINSTON, NC 28504		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEELMAN, PAUL S		NAME		
STREET ADDRESS	4990 HWY 70 WEST		STREET ADDRESS		
CITY-ST-ZIP	KINSTON, NC 28504		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARLON, JOHN M		NAME	John Michael Harlow	
STREET ADDRESS	4990 HWY 70 WEST		STREET ADDRESS		
CITY-ST-ZIP	KINSTON, NC 28504		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ISAACSON, JON		NAME		
STREET ADDRESS	4990 HWY 70 WEST		STREET ADDRESS		
CITY-ST-ZIP	KINSTON, NC 28504		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EAGLE, SEAN		NAME		
STREET ADDRESS	4990 HWY 70 WEST		STREET ADDRESS		
CITY-ST-ZIP	KINSTON, NC 28504		CITY-ST-ZIP		

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: John Michael Harlow John Michael Harlow 1-29-08 252-527-6121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #