2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2009
Secretary of State

DOCUMENT# F03000002165

Entity Name: AFFORDABLE DENTURES DENTAL LABORATORIES, INC.

Current Principal Place of Business:

4990 HIGHWAY 70 WEST
KINSTON, NC 28504

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1042
KINSTON, NC 28503

New Mailing Address:

FEI Number: 56-1678938 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR STE 4
WESTON, FL 33331 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: V ( ) Delete
Name: EDWARDS, LOREN W
Address: 4990 HWY. 70 WEST
City-St-Zip: KINSTON, NC 28504

Title: P ( ) Delete
Name: PATE, G. TIMOTHY
Address: 4990 HWY 70 WEST
City-St-Zip: KINSTON, NC 28504

Title: TD ( ) Delete
Name: STEELMAN, PAUL S
Address: 4990 HWY 70 WEST
City-St-Zip: KINSTON, NC 28504

Title: S ( ) Delete
Name: HARLOW, JOHN M
Address: 4990 HWY 70 WEST
City-St-Zip: KINSTON, NC 28504

Title: D ( ) Delete
Name: ISAACSON, JON
Address: 4990 HWY 70 WEST
City-St-Zip: KINSTON, NC 28504

Title: D ( ) Delete
Name: EAGLE, SEAN
Address: 4990 HWY 70 WEST
City-St-Zip: KINSTON, NC 28504

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: MACGREGOR, HUGH
Address: 4990 HWY 70 WEST
City-St-Zip: KINSTON, NC 28504

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 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: JOHN MICHAEL HARLOW SEC 06/25/2009

Electronic Signature of Signing Officer or Director Date