
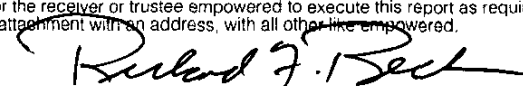


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90264 007 \*\*\*150.00

<b>DOCUMENT # F04000003008</b> 1. Entity Name <b>GREEN DENTAL LABORATORIES, INC.</b>					
Principal Place of Business <b>1099 WILBURN ROAD HEBER SPRINGS, AR 72543</b>			Mailing Address <b>526 BOSTON POST RD SUITE 207 WAYLAND, MA 01778</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>2 Vision Drive</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Natick, MA</b>			
Zip	Country	Zip <b>01760</b>	Country	4. FEI Number <b>71-0587320</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>THOMPSON, SCOTT</b> <b>1099 WILBURN ROAD</b> <b>HEBER SPRINGS, AR 72543</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>NORDSKOG, RICHARD</b> <b>1099 WILBURN ROAD</b> <b>HEBER SPRINGS, AR 72543</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>EDDINGTON, BURT</b> <b>1099 WILBURN ROAD</b> <b>HEBER SPRINGS, AR 72543</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>RIGGIN, SCOTT</b> <b>1099 WILBURN ROAD</b> <b>HEBER SPRINGS, AR 72543</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BROWN, DAVID</b> <b>526 BOSTON POST ROAD</b> <b>WAYLAND, MA 01778</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SIEGEL, DONALD</b> <b>800 BOSTON ST 33RD FLOOR</b> <b>BOSTON, MA 02114</b>	<input type="checkbox"/> Delete			
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: 			Date <b>4/28/08</b> Daytime Phone # <b>508-907-7800</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>RICHARD F. BECKER</b>					