2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002865

Entity Name: ORALDNA LABS, INC.

FILED Apr 14, 2009 Secretary of State

214 OVERLOOK CIRCLE, SUITE 120 BRENTWOOD, TN 37027

Current Principal Place of Business:

Current Mailing Address: New Mailing Address:

214 OVERLOOK CIRCLE, SUITE 120 BRENTWOOD, TN 37027

FEI Number: 26-1818654 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:

NRAI SERVICES, INC 2731 EXECUTIVÉ PARK DR., SUITE 4 WESTON, FL 33331

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:

Date

Electronic Signature of Registered Agent

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

New Principal Place of Business:

Title: **PCFO** () Delete () Change () Addition

Name: CARR, BRIAN C Name: 214 OVERLOOK CIRCLE, SUITE 120 Address: Address:

City-St-Zip: BRENTWOOD, TN 37027 City-St-Zip:

VCOO Title: Title: () Delete () Change () Addition

Name: CLARKE KEN Name: 214 OVERLOOK CIRCLE, SUITE 120 Address: Address: BRENTWOOD, TN 37027 City-St-Zip: City-St-Zip:

Title: Title: VS () Delete () Change () Addition

DANIEL, SAM Name: Name: 214 OVERLOOK CIRCLE, SUITE 120 Address: Address:

BRENTWOOD, TN 37027 City-St-Zip: City-St-Zip:

Title: CFO () Delete Title: () Change () Addition

DANIEL, SAM Name: Name: Address: 214 OVERLOOK CIRCLE, SUITE 120 Address: City-St-Zip: BRENTWOOD, TN 37027 City-St-Zip:

Title: Title: () Delete () Change () Addition

CARR, BRIAN C Name: Name: 214 OVERLOOK CIRCLE, SUITE 120 Address: Address: City-St-Zip: BRENTWOOD, TN 37027 City-St-Zip:

Title: () Delete Title: () Change () Addition

NABORS, THOMAS W DR. Name: Name: 214 OVERLOOK CIRCLE, SUITE 120 Address: Address: City-St-Zip: City-St-Zip: BRENTWOOD, TN 37027

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: SAM DANIEL SEC 04/14/2009