2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F53694

1. Entity Name
FOSTER DENTAL LAB INC.

Principal Place of Business	Mailing Address
943 CESERY BLVD. JACKSONVILLE, FL 32211 US	943 CESERY BLVD. JACKSONVILLE, FL 32211 US

DO NOT WRITE IN THIS SPACE

01172007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2134904	Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FOSTER, MIKEL
943 CESERY BLVD.
JACKSONVILLE, FL 32211

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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_____
       Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000707777 04/24/07-80098-008 150.00

10.   OFFICERS AND DIRECTORS

TITLE	DP
NAME	FOSTER, MIKEL
STREET ADDRESS	943 CESERY BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL 00000,

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Mike Foster*   MIKE FOSTER   1/19/07   9047448060
           SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #