2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# F53694

Entity Name: FOSTER DENTAL LAB INC.

Current Principal Place of Business:

943 CESERY BLVD.
JACKSONVILLE, FL 32211 US

New Principal Place of Business:

943 CESERY BLVD.
SUITE F
JACKSONVILLE, FL 32211 US

Current Mailing Address:

943 CESERY BLVD.
JACKSONVILLE, FL 32211 US

New Mailing Address:

943 CESERY BLVD.
SUITE F
JACKSONVILLE, FL 32211 US

FEI Number: 59-2134904 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOSTER, MIKEL
943 CESERY BLVD.
JACKSONVILLE, FL 32211 US

Name and Address of New Registered Agent:

FOSTER, MIKEL
943 CESERY BLVD.
SUITE F
JACKSONVILLE, FL 32211 US

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: 01/23/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: FOSTER, MIKEL
Address: 943 CESERY BLVD.
City-St-Zip: JACKSONVILLE, FL 00000,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MIKEL FOSTER DP 01/23/2009
Electronic Signature of Signing Officer or Director — Date