2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2007
Secretary of State

DOCUMENT# F95874

Entity Name: TECHNICS DENTAL LABORATORY, INC.

Current Principal Place of Business:

1801 N. STATE RD. 7
MARGATE, FL 33063 US

New Principal Place of Business:

Current Mailing Address:

% CARL LEDERMAN
1801 N. STATE ROAD 7
MARGATE, FL 33063 US

New Mailing Address:

FEI Number: 59-2220364 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEDERMAN, CARL
1801 N. STATE RD. 7
MARGATE, FL 33063 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: SCHWARTZ, SAMUEL,
Address: 2440 S.E. 8TH COURT
City-St-Zip: POMPANO BEACH, FL 33062

Title: D ( ) Delete
Name: LEDERMAN, CARL,
Address: 22427 WATERSIDE DRIVE
City-St-Zip: BOCA RATON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: SAMUEL SCHWARTZ PRES 04/03/2007

Electronic Signature of Signing Officer or Director Date