## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# H05935

FILED Feb 02, 2007 Secretary of State

Entity Name: NEW WORLD DENTAL LAB, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
1424 SE 17TH AVE.				
#4 DAPE CORAL, FL 3399	90 US			
Current Mailing Addre	ss:	New Mailing Address	s:	
424 S.E. 17TH AVENU	E			
I CAPE CORAL, FL 3399	90 US			
El Number: 59-2431102	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
lame and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:	
SASSO, M. DANIEL				
CAPE CORAL, FL 3390	)4 US		d efficiency with a decorate and a state	
CAPE CORAL, FL 3390  The above named entity	)4 US	purpose of changing its registered	d office or registered agent, or both,	
CAPE CORAL, FL 3390  The above named entity nithe State of Florida.	)4 US	purpose of changing its registered	d office or registered agent, or both,	
CAPE CORAL, FL 3390  The above named entity nithe State of Florida.  BIGNATURE:	)4 US		d office or registered agent, or both,  Date	
CAPE CORAL, FL 3390 The above named entity in the State of Florida.  SIGNATURE:  Electro	04 US submits this statement for the			
n the State of Florida.  BIGNATURE:  Electro	submits this statement for the submits this statement for the submits this statement for the submits statement for the sub	ent		
CAPE CORAL, FL 3390 The above named entity not the State of Florida.  SIGNATURE:  Electro  Electron Campaign Financia  DFFICERS AND DIRECTION  SIGNATURE:  PD (Name: PELAK, MARKAN)  Address: 2526 SE 28TH	submits this statement for the nic Signature of Registered Aging Trust Fund Contribution ( ).  CTORS:	ent	Date	

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: SUSAN PELAK ST 02/02/2007