2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L22235

DAVIE, FL

City-St-Zip:

Entity Name: CONTEMPORARY DENTAL LAB. INC

FILED Jul 06, 2005 Secretary of State

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Current P	rincipal Place	e of Business:	New Principal Place o	New Principal Place of Business:	
	S. WADDELL, C THER CLIFT S . 33331				
Current M	lailing Addres	ss:	New Mailing Address:	New Mailing Address:	
	S. WADDELL, C THER CLIFT S . 33331				
FEI Number	: 65-0146836	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:					
WADDELL 15110 TE1 DAVIE, FL	_, PAUL S., JR THER CLIFT S . 33331 US	TREET			
	named entity e of Florida.	submits this statement for t	he purpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
	Electron	nic Signature of Registered	Agent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (WADDELL, PA 15110 TETHER DAVIE, FL		Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address:	D (WADDELL, JU 15110 TETHER		Title: (Name: Address:) Change ()Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PAUL S. WADDELL JR. D 07/06/2005