



**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M74700</b>		
1. Entity Name <b>SEVEN HILLS DENTAL LABORATORY, INCORPORATED</b>		
Principal Place of Business <b>1925 WELBY WAY TALLAHASSEE, FL 32308-5107</b>		Mailing Address <b>PO BOX 12612 TALLAHASSEE, FL 32317</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		01082007 No Chg-P CR2E034 (11/05)
4. FEI Number <b>59-2892843</b>		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
<b>TRIMBLE, STEVE 1925-B WELBY WAY TALLAHASSEE, FL 32308</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	TRIMBLE, STEVE	
STREET ADDRESS	1925-B WELBY WAY	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	D	
NAME	WATTS, GLENN	
STREET ADDRESS	1925-B WELBY WAY	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:  <b>Steve Trimble</b>		Date <b>1-31-2007</b> <b>850 878 0076</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #