2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2010
Secretary of State

DOCUMENT# M87367

Entity Name: T.M.J. DENTAL LABORATORY, INC.

Current Principal Place of Business:

% MICHAEL THORN
105 W. HOLLY AVENUE
ORANGE CITY, FL 32763 US

New Principal Place of Business:

Current Mailing Address:

% MICHAEL THORN
105 W. HOLLY AVENUE
ORANGE CITY, FL 32763 US

New Mailing Address:

FEI Number: 59-2899664 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THORN, MICHAEL
105 W. HOLLY AVENUE
ORANGE CITY, FL 32763 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: P
Name: THORN, MICHAEL
Address: 180 PARKVIEW DRIVE
City-St-Zip: ORANGE CITY, FL 32763

Title: V
Name: HINES, GERALD
Address: 1553 NAPLES CIRCLE
City-St-Zip: DELTONA, FL

Title: T
Name: HINES, KATHY
Address: 1553 NAPLES CIRCLE
City-St-Zip: DELTONA, FL

Title: S
Name: THORN, JOANNE M.
Address: 180 PARKVIEW DRIVE
City-St-Zip: ORANGE CITY, FL 32763

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL THORN PRES 04/13/2010

Electronic Signature of Signing Officer or Director Date