

2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
May 10, 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:

105 W. HOLLY AVE
ORANGE CITY, FL 32763 US

Current Mailing Address:

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

New Mailing Address:

105 W. HOLLY AVE
ORANGE CITY, FL 32763 US

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:

HINES, GERALD
105 W. HOLLY AVENUE
ORANGE CITY, FL 32763 US

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: GERALD R. HINES 05/10/2010
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: HINES, GERALD R
Address: 1553 NAPLES CIRCLE
City-St-Zip: DELTONA, FL 32738

Title: V
Name: HINES, KATHARINE
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: HINES, KATHARINE
Address: 1553 NAPLES CIRCLE
City-St-Zip: DELTONA, FL 32738

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: GERALD R. HINES PRES 05/10/2010
Electronic Signature of Signing Officer or Director Date