

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000027351

FILED  
Jan 12, 2009  
Secretary of State

Entity Name: PRO-DENTAL LABORATORY CORP.

## Current Principal Place of Business:

1843 ENGLEWOOD RD  
ENGLEWOOD, FL 34223

## New Principal Place of Business:

## Current Mailing Address:

1843 ENGLEWOOD RD  
ENGLEWOOD, FL 34223

## New Mailing Address:

3342 ALBIN AVE  
NORTH PORT, FL 34286

FEI Number: 65-1000559

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHARNEAU, ISABELLE  
1957 NEPTUNE DR  
ENGLEWOOD, FL 34223 US

## Name and Address of New Registered Agent:

CHARNEAU, ISABELLE  
3342 ALBIN AVE  
NORTH PORT, FL 34286 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:

01/12/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CHARNEAU, FRANCIS  
Address: 1957 NEPTUNE DR  
City-St-Zip: ENGLEWOOD, FL 34223

Title: V ( ) Delete  
Name: CHARNEAU, ISABELLE  
Address: 1957 NEPTUNE DR  
City-St-Zip: ENGLEWOOD, FL 34223

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CHARNEAU, FRANCIS  
Address: 3342 ALBIN AVE  
City-St-Zip: NORTH PORT, FL 34286

Title: V (X) Change ( ) Addition  
Name: CHARNEAU, ISABELLE  
Address: 3342 ALBIN AVE  
City-St-Zip: NORTH PORT, FL 34286

I hereby certify that the information supplied with this filing does not qualify 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: ISABELLE CHARNEAU

VP

01/12/2009

Electronic Signature of Signing Officer or Director

Date