

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000048070

Entity Name: W & N DENTAL LAB INC.

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

1001 E SAMPLE RD
SUITE 10 E
POMPANO BEACH, FL 33064

New Principal Place of Business:

5275 NE 16 AVE
POMPANO BEACH, FL 33064

Current Mailing Address:

1001 E SAMPLE RD
SUITE 10 E
POMPANO BEACH, FL 33064

New Mailing Address:

5275 NE 16 AVE
POMPANO BEACH, FL 33064

FEI Number: 65-1012552

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MELEGARIO, WALTER
1001 NE 36TH STREET
SUITE E 10
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

MELEGARIO, WALTER
5275 NE 16 AVE
POMPANO BEACH, FL 33064 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: WALTER MELEGARIO

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MELEGARIO, WALTER
Address: 1001 E SAMPLE RD 10 E
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MELEGARIO, WALTER
Address: 5275 NE 16 AVE
City-St-Zip: POMPANO BEACH, FL 33064

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: WALTER MELEGARIO

P

04/30/2007

Electronic Signature of Signing Officer or Director

Date