

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000010058

Entity Name: BONITA DENTAL LAB, INC.

FILED
Jul 09, 2006
Secretary of State

Current Principal Place of Business:

10915 BONITA BCH RD
SUITE 1141
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

10915 BONITA BCH RD
SUITE 1141
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 59-3691730

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHYNOWETH, DAVID
10915 BONITA BEACH ROAD STE 1152
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

CHYNOWETH, DAVID
10915 BONITA BEACH ROAD
SUITE 1141
BONITA SPRINGS, FL 34135 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:

07/09/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHYNOWETH, DAVID
Address: 4570 26TH AVE SW
City-St-Zip: NAPLES, FL 34116

Title: D () Delete
Name: DRISCOLL, JULIE
Address: PO BOX 3190
City-St-Zip: BONITA SPRINGS, FL 34133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: CHYNOWETH, DAVID
Address: 11154 PALMETO RIDGE DRIVE
City-St-Zip: NAPLES, FL 34110

Title: SEC (X) Change () Addition
Name: DRISCOLL, JULIE
Address: 64 4TH STREET APT. C201
City-St-Zip: BONITA SPRINGS, FL 34134

I hereby certify that the information supplied with this filing does not qualify for the 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: JULIE DRISCOLL

SEC.

07/09/2006

Electronic Signature of Signing Officer or Director

Date