2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2010
Secretary of State

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Entity Name: SMILE MAKERS DENTAL LAB, INC.

Current Principal Place of Business:

342 E. PLANT ST.
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

342 E. PLANT ST.
WINTER GARDEN, FL 34787

New Mailing Address:

FEI Number: 59-3726336 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCLAFANI, KATHLEEN C
12728 LAKE RIDGE CIRCLE
CLERMONT, FL 34111 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: PT
Name: SCLAFANI, VINCENT
Address: 12728 LAKE RIDGE CIRCLE
City-St-Zip: CLERMONT, FL 34711 US

Title: VP
Name: SCLAFANI, KATHLEEN
Address: 12728 LAKE RIDGE CIRCLE
City-St-Zip: CLERMONT, FL 34711 US

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: KATHLEEN C SCLAFANI VP 01/08/2010
Electronic Signature of Signing Officer or Director Date