


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90024 034 ***150.00

DOCUMENT # P01000084301 1. Entity Name GOERS DENTAL LABORATORY, INC.	
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Principal Place of Business 4500 BELVDERE RD SUITE I HAVERHILL, FL 33415	Mailing Address 4500 BELVDERE RD SUITE I HAVERHILL, FL 33415
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2. Principal Place of Business - No P.O. Box # 2415 NW 138th Drive	3. Mailing Address 2415 NW 138th Drive
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Sunrise, FL	City & State Sunrise, FL
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Zip 33323	Country	Zip 33323	Country
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40110718



02072007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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GOERS, ANDREAS 1206 WYNNEDALE CIRCLE WEST PALM BEACH, FL 33417	Name Andreas Goers Street Address (P.O. Box Number is Not Acceptable) 2415 NW 138th Drive City Sunrise FL Zip Code 33323
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GOERS, ANDREAS 1206 WYNNEDALE CIRCLE WEST PALM BEACH, FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2415 NW 138th Drive Sunrise, FL 33323 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GOERS, CLAUDIA 1206 WYNNEDALE CIRCLE WEST PALM BEACH, FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2415 NW 138th Drive Sunrise, FL 33323 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Andreas Goers 04/26/07 5615438756
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #