2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000091673

Entity Name: ART OF SMILE DENTAL LAB, INC.

FILED Mar 16, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1954 DISCOVERY CIRCLE EAST 1991 NE 4 STREET

DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 33441

Current Mailing Address: New Mailing Address:

7451 W OAKLAND PARK BLVD C/O CADL LAUDERHILL, FL 33319

FEI Number: 65-1138211 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ZATORSKI, AGNIESZKA

1954 DISCOVERY CIRCLE EAST

1991 NE 4 STREET

PERPELL REACH EL 22441

DEERFIELD BEACH, FL 33442 US DEERFIELD BEACH, FL 33441 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: AGNIESZKA ZATORSKI 03/16/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name:ZATORSKI, AGNIESZKAName:ZATORSKI, AGNIESZKAAddress:1954 DISCOVERY CIRCLE EASTAddress:1991 NE 4 STREET

City-St-Zip: DEERFIELD BEACH, FL 33442 City-St-Zip: DEERFIELD BEACH, FL 33441

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: AGNIESZKA ZATORSKI PD 03/16/2005

Electronic Signature of Signing Officer or Director

Date