


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2008 08:00 AM
Secretary of State


DOCUMENT # P0100011820
 1. Entity Name
 AMPERE DENTAL LABORATORY, INC.



Principal Place of Business
 4297 SW HIGH MEADOW AVENUE
 PALM CITY, FL 34990

Mailing Address
 4658 SW HAMMOCK CREEK DRIVE
 PALM CITY, FL 34990

DO NOT WRITE IN THIS SPACE



08192008 No Chg-P CR2E034 (11/05)

| | |
|--|---------------------------------------|
| 4. FEI Number 01-0553984 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

ULLOA, RAMON
 4658 SW HAMMOND CREEK DR
 PALM CITY, FL 34990

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------------|
| TITLE | P |
| NAME | ULLOA, RAMON |
| STREET ADDRESS | 4297 SW HAMMOND CREEK DR |
| CITY-ST-ZIP | PALM CITY, FL 34990 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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 09/09/08-80003-022 158.75

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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: *Ramon M. Ulloa* **8/26/2008**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #