


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000114105
1. Entity Name
WOLFGANG F. MUELLER DENTAL LAB, INC.



Principal Place of Business: 930 N. KROME AVE #2C, HOMESTEAD, FL 33030
Mailing Address: 930 N. KROME AVE #2C, HOMESTEAD, FL 33030

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01102005 No Chg-P CR2E034 (10/03)

4. FEI Number: 65-1159359 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MUELLER, WOLFGANG F
930 N. KROME AVE #2C
HOMESTEAD, FL 33030

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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, 2005 Fee will be \$550.00
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MUELLER, WOLFGANG F
STREET ADDRESS	930 N. KROME AVE #2C
CITY-ST-ZIP	HOMESTEAD, FL 33030
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/02/05-80011-025 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Wolfgang F Mueller WOLFGANG F. MUELLER 4-25-05 305 247 8042
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #