


FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90020 041 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

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 PO Box 901512 Homestead Fl 33090
----------------------------------------------------------------------------------------	-----------------------------------------------------------

DO NOT WRITE IN THIS SPACE



02092006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1159359	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MUELLER, WOLFGANG F
~~930 N. KROME AVE #2C
HOMESTEAD, FL 33030~~
 14531 S. W. 264 St
 Homestead, Fl 33030

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 reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUELLER, WOLFGANG F 930 N. KROME AVE #2C HOMESTEAD, FL 33030 14531 S. W. 264 St Homestead, Fl 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Wolfgang F. Mueller 2-27-06 305 258 9769
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #