2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P02000124038

Entity Name: LUDEMANN DENTAL LAB INC.

Current Principal Place of Business:

407 CENTERPOINTE CIRCLE., SUITE 1663
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

150 E WILDMERE AVE
SUITE # 104
LONGWOOD, FL 32750

Current Mailing Address:

407 CENTERPOINTE CIRCLE., SUITE 1663
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

150 E WILDMERE AVE
SUITE # 104
LONGWOOD, FL 32750

FEI Number: 65-1165289 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUDEMAN, LOIDA N
407 CENTER POINTE CR STE 1663
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

LUDEMAN, LOIDA N
150 E WILDMERE AVE
SUITE # 104
LONGWOOD, FL 32750 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: LOIDA LUDEMANN 04/29/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LUDEMANN, HENRY
Address: 907 CENTER POINTE CR STE 1663
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VP ( ) Delete
Name: LUDEMANN, LOIDA
Address: 407 CENTER POINTE CR STE 1663
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LUDEMANN, LOIDA
Address: 150 E WILDMERE AVE, SUITE # 104
City-St-Zip: LONGWOOD, FL 32750

Title: S/T (X) Change ( ) Addition
Name: LUDEMANN, LOIDA
Address: 150 E WILDMERE AVE, SUITE # 104
City-St-Zip: LONGWOOD, FL 32750

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LOIDA LUDEMANN PRES 04/29/2009
Electronic Signature of Signing Officer or Director Date