2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# P02000131113

Entity Name: BEST DENTURE DENTAL LAB INC.

Current Principal Place of Business:

240 OLD FEDERAL HWY,
STE 200
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

600 PARKVIEW DR
APT 609
HALLANDALE, FL 33009

New Mailing Address:

FEI Number: 13-4227768 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LIPOVTCHENKO, IGOR
600 PARKVIEW DR
APT 609
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: TASHLITSKAYA, MARINA
Address: 600 PARKVIEW DR., APT 609
City-St-Zip: HALLANDALE, FL 33009

Title: S ( ) Delete
Name: LIPOVTCHENKO, IGOR
Address: 600 PARKVIEW DR., APT 609
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: IGOR LIPOVTCHENKO S 04/22/2009

Electronic Signature of Signing Officer or Director — Date