


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90216 048 \*\*\*150.00

<b>DOCUMENT # P03000085997</b>	
1. Entity Name STAR DENTAL LAB, INC.	

Principal Place of Business 208 SOUTH DEPOT DRIVE FORT PIERCE, FL 34950	Mailing Address 208 SOUTH DEPOT DRIVE FORT PIERCE, FL 34950
---	---

2. Principal Place of Business - No P.O. Box # 170 SW PEACOCK BLVD Suite, Apt. #, etc. 103	3. Mailing Address 170 SW PEACOCK BLVD. Suite, Apt. #, etc. 103
--	---

City & State PONT ST. LUCIE, FL	City & State PONT ST. LUCIE, FL
Zip 34986-3494	Country USA

40083061



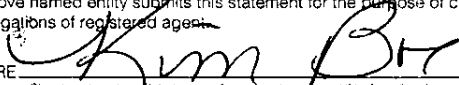
04152007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0778989	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent  BOX, KIM 208 SOUTH DEPOT DRIVE FORT PIERCE, FL 34950	
---	--

7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) 170 SW PEACOCK BLVD, 103 City PONT ST. LUCIE FL Zip Code 34986	
--	--

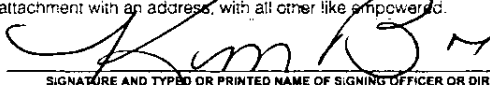
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 4-18-07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DE PIRRO, STEPHEN 5745 DEER RUN DR., B-1 UNIT K FORT PIERCE, FL 34951 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOX, KIM 5745 DEER RUN DR., B-A UNIT K FORT PIERCE, FL 34951 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 170 SW PEACOCK BLVD. 103 PONT ST. LUCIE, FL 34986-3494
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 170 SW PEACOCK BLVD. 103 PONT ST. LUCIE, FL 34986-3494
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE 4-18-07
---	-----------------

772489-4777