## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P03000085997  1. Entity Name STAR DENTAL LAB, INC.						04-26-200	7 90216 04	48 ***150	0.00
Distinct Disc		BA-95- Andrew			41103	33061			
Principal Place of Business Mailing Address					100				
208 SOUTH DEPOT DRIVE FORT PIERCE, FL 34950 FORT PIERCE, FL 34950				ł					
ONTTIENDE	., 12 34300	TORT FIERGE, TE 34030							
· · · · · · · · · · · · · · · · · · ·									
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Accress 1705W PEACOCK BLUD		1 <b>  [ ]   [ ]</b>					
Suite, Apt.		Suite, Apr. #, etc.		12,					
, .	103	10:3			04152007	Chg-P	CR2E0	34 (12/06)	
City & Stat		Sy & State	c 4		4. FEI Numbe				plied For
PONT		PONT ST. LUC			65-0778	3989	·····		t Applicable
34 986-	3494 Country 15A	26981 - 3494 C	Country US	A	5. Certificate	of Status Desired		<b>\$8.75</b> Add Fee Require	
<i>) [</i>	6. Name and Address of Current Re	egistered Agent			7. Name and	Address of Nev			
			Name						
BOX, KIM	U DEBOT DBIVE	ddress (F	O Box Numbe	r is Not Accepta	(ahd				
	H DEPOT DRIVE RCE, FL. 34950	172	2 SI	DPEA	r is Not Accepta	BLUD,	103	<u> </u>	
	. (O2, 12, 04000								
			City	,			FL	Zip Cod	<u> </u>
A The share					ST. LUC			13 YG	186
the obligat	named entity submits this statement for the ions of registered agent.	ne purpose of changing its reg	istered office of	registere	ed agent, or bot	n, in the State of	riorida. Lam i	amiliar with,	and accept
(*)	Aim 1	)H				4-18	47		
SIGNATURE	Signature, typod or printed name of registered agont and	titile if applicable (NOTE Re	gistered Agent signati	ure required	when reinstating)	, , ,	DAIE		<del></del>
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign     Trust Fund Contribu			00 May Be ed to Fees				
10.	OFFICERS AND DI	RECTORS	11.		ADDITIONS/	CHANGES TO O	FFICERS AND		S IN 11
THLE	P DE DIDDO OTEDUSA	Delete	TITLE					Change	Addition
NAME STREET ADDRESS	DE PIRRO, STEPHEN 5745 DEER RUN DR., B-1 UNIT K	1	NAME STREET ADDRESS	170	SIN PE	A Cock	BLUD	10	?
CiTY-ST-ZIP	FORT PIERCE, FL 34951		CITY-ST-ZIP	Par	W ST.	A Cock LVCIE	GA	W986	-3VGY
TITLE	V	☐ Delete	TITLE	107		<u> vv C· c·</u>	<u>, , , , , , , , , , , , , , , , , , , </u>	Change	Addition
NAME	BOX, KIM	L. Disto	NAME			PEACOCI	a lind	2 10	53
STREET ADDRESS	5745 DEER RUN DR., B-A UNIT K		STREET ADDRESS	1 10	י של	reaco ci		~ · · ·	حب سندرد: وسن
City-\$1-ZiP	FORT PIERCE, FL 34951		CITY-ST-ZIP	Yor	T ST. 1	NCE,	H 34	486-	<u> 3</u> 444
TITLE		☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS		1	NAME STREET ADDRESS						
CITY ST ZIP		1	CITY ST-ZIP						
Tiffle		☐ Delete	TITLE					☐ Change	Addition
NAME		<u></u>	NAME						_
STREET ADDRESS		İ	STREET ADDRESS						
CITY-ST-ZIP	-		CITY-ST-ZIP		· · · · · ·				
TITLE		☐ Delate	TITLE					☐ Change	Addition
NAME STREET ADDRESS		1	NAME STREET ADDRESS						
CITY-\$1-ZIP		İ	CITY-ST-ZIP						
TITLE		☐ Delete	TITLE	-				☐ Change	Addition
NAME		1	NAME					_ •	
STREET ADDRESS		1	STREET ADDRESS						
CiTY-ST-ZIP			CITY-ST-ZIP	L <u>.</u>					
<ol> <li>I hereby of indicated of the cor</li> </ol>	certify that the information supplied with the on this report or supplemental report is true poration or the receiver or trustee empower.	is filing does not qualify for th ue and accurate and that my s ered to execute this report as r	e exemptions o ignature shall h required by Cha	ontained ave the s apter 607	in Chapter 119 same legal effec , Florida Statute:	, Florida Statutes t as if made und s; and that my na	s. I further cert er oath; that I a ame appears ii	ify that the in am an officer n Block 10 or	nformation or director r Block 11 it

448-07

7720699-6777