2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P04000054559 01-31-2005 90052 039 ***150.00 1. Entity Name MICRO-TECH DENTAL LABORATORY, INC. Principal Place of Business Mailing Address 964 FLORIDA AVENUE 964 FLORIDA AVENUE ROCKLEDGE, FL 32955 ROCKLEDGE, FL 32955 2. Principal Place of Business Mailing Address 214 HANDEE LN 214 HARDEE LN 01062005 CR2E034 (10/03) City & State Applied For Sty & State 4. FFI Number OCKLEDGE 20 Not Applicable Country Brevare \$8.75 Additional 5. Certificate of Status Desired BROVAN Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GUERNE, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 964 FLORIDA AVENUE 214 HANDEE LIN ROCKLEDGE, FL 32955 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 TITLE TITLE ☐ Addition ☐ Delete NAME GUERNE, MICHAEL NAME 214 HARDEE LN STREET ADDRESS 064 FLORIDA AVENUE STREET ADDRESS CITY-ST-ZIP ROCKLEDGE, FL 32955 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TIME NAME GUERNE, LORI NAME STREET ADDRESS 964 FLORIDA AVENUE STREET ADDRESS 214 HARDGE W CITY-ST-ZIP ROCKLEDGE, FL 32955 CITY-ST-ZIP time ☐ Defete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Detete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Charge ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

SIGNATURE:

Guerne

FILED Jan 31, 2005 8:00 am