

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000110587

Entity Name: ISOLA IMPLANTS, INC.

FILED
Jun 29, 2005
Secretary of State

Current Principal Place of Business:

1560 BROADWAY
SUITE 1200
DENVER, CO 80202

New Principal Place of Business:

Current Mailing Address:

PO BOX 91
9663 ANCHORAGE LANE
WARE NECK, VA 23178

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD () Change (X) Addition
Name: HEINIG, CHARLES F
Address: 9663 ANCHORAGE LANE
City-St-Zip: WARE NECK, VA 23178

Title: SD () Change (X) Addition
Name: CARSON, WILLIAM L
Address: 2111 FAIRMONT
City-St-Zip: COLUMBIA, MO 652031563

Title: AS () Change (X) Addition
Name: FOSTER, ROBIN V
Address: 4801 MAIN STREET
City-St-Zip: KANSAS CITY, MO 64112

Title: D () Change (X) Addition
Name: LENOX, LINDA K
Address: 657 S. TAYLOR AVE. SUITE A
City-St-Zip: LOUISVILLE, CO 800273064

Title: D () Change (X) Addition
Name: BURTON, DOUGLAS C
Address: 7317 CAENEN LAKE DRIVE
City-St-Zip: SHAWNEE, KS 66216

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBIN V. FOSTER

AS

06/29/2005

Electronic Signature of Signing Officer or Director

_____ Date