

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000110587

FILED  
Jan 10, 2007  
Secretary of State

Entity Name: ISOLA IMPLANTS, INC.

**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: PTD ( ) Delete  
Name: HEINIG, CHARLES F  
Address: 9663 ANCHORAGE LANE  
City-St-Zip: WARE NECK, VA 23178

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

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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 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: ROBIN V. FOSTER

AS

01/10/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date