2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000110587

Entity Name: ISOLA IMPLANTS, INC.

FILED Jan 14, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1560 BROADWAY **SUITE 1200 DENVER, CO 80202 Current Mailing Address: New Mailing Address:** PO BOX 91 9663 ANCHORAGE LANE WARE NECK, VA 23178 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: SATD (X) Change () Addition HEINIG, CHARLES F Name: Name: HEINIG, CHARLES F 9663 ANCHORAGE LANE 9663 ANCHORAGE LANE Address: Address: City-St-Zip: WARE NECK, VA 23178 City-St-Zip: WARE NECK, VA 23178 SD Title: Title: () Delete (X) Change () Addition CARSON, WILLIAM L Name: CARSON, WILLIAM L Name: 2111 FAIRMONT 2111 FAIRMONT Address: Address: COLUMBIA, MO 652031563 COLUMBIA, MO 652031563 City-St-Zip: City-St-Zip: Title: AS () Delete Title: () Change () Addition FOSTER, ROBIN V Name: Name: 4801 MAIN STREET Address: Address: City-St-Zip: KANSAS CITY, MO 64112 City-St-Zip: Title: () Delete Title: () Change () Addition LENOX, LINDA K Name: Name: Address: 657 S. TAYLOR AVE. SUITE A Address: City-St-Zip: LOUISVILLE, CO 800273064 City-St-Zip: Title: Title: () Delete () Change () Addition BURTON, DOUGLAS C Name: Name: 7317 CAENEN LAKE DRIVE Address: Address: City-St-Zip: SHAWNEE, KS 66216 City-St-Zip: Title: () Delete Title: **VPAT** () Change (X) Addition Name: Name: CARSON, WILLIAM G 9663 ANCHORAGE LANE Address: Address: City-St-Zip: City-St-Zip: WARE NECK, VA 23178 I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida

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

01/14/2008

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