2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 08, 2006 8:00 am Secretary of State DOCUMENT # P04000147610 05-08-2006 90285 015 ***150.00 J.J.C. DENTAL LABORATORY CORP. Principal Place of Business Mailing Address 13A1A FAIRWAY GLEN \$ 201 13312 FAIRWAY GLEN ORLANDO, FL 32824 US ORLANDO, FL 32824 US 04272006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1801390 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required --6. Name and Address of Current Registered Agent CASTRO, JOSE J DO NOT WRITE 1381& FAIRWAY GLEN \$ 10\" ORLANDO, FL 32824 IN THIS SPACE 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME CASTRO, JOSE J 13514 FAIRWAY GLEN 4 201 STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32824 NAME STREET ADDRESS CITY-\$1-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or expellemental 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 acceiver 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.

SIGNATURE: 4

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED