2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2008
Secretary of State

DOCUMENT# P05000006818

Entity Name: KINSMAN DENTAL LAB, INC.

Current Principal Place of Business:

5048 MISSION SQUARE LN
ZEPHYRHILLS, FL 33542

New Principal Place of Business:

Current Mailing Address:

5048 MISSION SQUARE LN
ZEPHYRHILLS, FL 33542

New Mailing Address:

FEI Number: 37-1503742 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NOPPER, BRUCE A
5048 MISSION SQUARE LN
ZEPHYRHILLS, FL 33542 US

Name and Address of New Registered Agent:

NOPPER, BRUCE A
5441 6TH ST.
ZEPHYRHILLS, FL 33542 US

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: 02/22/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PR ( ) Delete
Name: NOPPER, BRUCE A
Address: 5048 MISSION SQUARE LANE
City-St-Zip: ZEPHYRHILLS, FL 33542

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PR (X) Change ( ) Addition
Name: NOPPER, BRUCE A
Address: 5441 6TH ST
City-St-Zip: ZEPHYRHILLS, FL 33542

I hereby certify that the information supplied with this filing does not qualify 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: BRUCE A NOPPER PR 02/22/2008
Electronic Signature of Signing Officer or Director — Date