

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000063990

Entity Name: DDSLAB, INC.

FILED
Apr 28, 2008
Secretary of State

Current Principal Place of Business:

6015 BENJAMIN ROAD
STE 310
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

6015 BENJAMIN ROAD
STE 310
TAMPA, FL 33634

New Mailing Address:

FEI Number: 57-1220616

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUIE, PATRICIA A ESQ
2502 ROCKY POINT DRIVE
SUITE 1000
TAMPA, FL 33607 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: M () Delete
Name: CERESA, AMY
Address: 6015 BENJAMIN ROAD, STE 310
City-St-Zip: TAMPA, FL 33634

Title: D () Delete
Name: MARLER, THOMAS J
Address: 2502 ROCKY POINT DRIVE SUITE 1000
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: KELLY, DONALD
Address: 2502 ROCKY POINT DRIVE SUITE 1000
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CERESA, AMY
Address: 6015 BENJAMIN ROAD, STE 310
City-St-Zip: TAMPA, FL 33634

Title: D (X) Change () Addition
Name: MARLER, THOMAS J
Address: 6015 BENJAMIN ROAD, STE 310
City-St-Zip: TAMPA, FL 33634

Title: D (X) Change () Addition
Name: KELLY, DONALD
Address: 6015 BENJAMIN ROAD, STE 310
City-St-Zip: TAMPA, FL 33634

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: DONALD KELLY

D

04/28/2008

Electronic Signature of Signing Officer or Director

Date