

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000063990

Entity Name: DDSLAB, INC.

FILED  
Apr 17, 2009  
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:

HUIE, PATRICIA A ESQ  
2502 ROCKY POINT DRIVE N.  
SUITE 1000  
TAMPA, FL 33607 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:

04/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

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

## 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:

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: PATRICIA HUIE

ESQ

04/17/2009

Electronic Signature of Signing Officer or Director

Date