


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2007 8:00 am
Secretary of State

08-27-2007 90033 001 ***150.00

DOCUMENT # P06000053329	
1. Entity Name UNIQUE DENT LAB, INC.	

Principal Place of Business 7085 SE CRICKET COURT STAURT, FL 34997	Mailing Address 7085 SE CRICKET COURT STAURT, FL 34997
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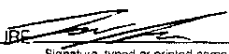
2. Principal Place of Business - No P.O. Box # 8391 CORRENCY DRIVE Suite, Apt. #, etc. #103 #104 City & State RIVIERA BEACH FL Zip 33404 Country UNITED STATES	3. Mailing Address 8391 CORRENCY DRIVE Suite, Apt. #, etc. #103 #104 City & State RIVIERA BEACH, FL Zip 33404 Country UNITED STATES
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08202007 Chg-P CR2E034 (12/06)

4. FEI Number 90-0290034	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MENDEZ, WILFRED 7085 SE CRICKET COURT STAURT, FL 34997	
7. Name and Address of New Registered Agent Name WILFRED MENDEZ Street Address (P.O. Box Number is Not Acceptable) 8391 CORRENCY DR #103, #104 City RIVIERA BEACH FL Zip Code 33404	

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  DATE **8-21-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT MENDEZ, CARMEN 7085 SE CRICKET COURT STAURT, FL 34997 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT WILFRED MENDEZ 8391 CORRENCY DRIVE #103, #104 RIVIERA BEACH, FL 33404 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE  DATE **8-21-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

DONALD M. SCHERZI

Certified Public Accountant & Certified Financial Planner™

6156 Drake Street

Jupiter, Florida 33458

561-746-1926 Office

561-747-2504 Fax

Web site: www.donaldscherzicpa.com

E- mail: donaldcpa@bellsouth.net

40130400

August 8, 2007

Florida Department of State
Secretary of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Unique Dent Lab, Inc.
8391 Correny Drive, Suite #104
Riviera Beach, FL 33404
561-506-1724
FEI #: 90-0290034
Document #: P06000053329

Dear Florida Division of Corporations:

Please find enclosed our 2007 For Profit Corporation Annual Report along with a check for \$150.00

We respectfully request a waiver of any and all penalties due to the fact that we moved and the original notice was not forwarded to our new address. There was no intentional disregard for the law and are responding immediately to the second notice we received.

Thank you for your understanding and attention to this matter.

Sincerely,

Donald M. Scherzi CPA, CFP 8-7-07
Donald M. Scherzi, CPA CFP®

Carmen Mendez, DPT

Dated:

[Signature] 8-21-07