

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000013411

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** DENTAL ART CREATION LAB, CORP.

**Current Principal Place of Business:**

9709 ARBOR OAKS LN  
# 304  
BOCA RATON, FL 33428

**New Principal Place of Business:**

811 SE 8TH AVE  
SUITE 103  
DEERFIELD BEACH, FL 33441

**Current Mailing Address:**

9709 ARBOR OAKS LN  
# 304  
BOCA RATON, FL 33428

**New Mailing Address:**

811 SE 8TH AVE  
SUITE 103  
DEERFIELD BEACH, FL 33441

**FEI Number:** 26-1908540

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KORKOWSKI, SIMONE P  
9709 ARBOR OAKS LN  
APT. 304  
BOYNTON BCH, FL 33428 US

**Name and Address of New Registered Agent:**

KORKOWSKI, SIMONE P  
811 SE 8TH AVE  
SUITE 103  
DEERFIELD BEACH, FL 33441 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: SIMONE P KORKOWSKI

04/26/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: KORKOWSKI, SIMONE P  
Address: 222 N FEDERAL HWY APT 214S  
City-St-Zip: DEERFIELD BEACH, FL 33441

I hereby 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 all other like empowered.

SIGNATURE: SIMONE P KORKOWSKI

PD

04/26/2011

Electronic Signature of Signing Officer or Director

Date