2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# P08000016924

Entity Name: THE PERFECT FIT DENTAL LAB INC.

Current Principal Place of Business:

5275 NORTHWEST 74THTERRACE
LAUDERHILL, FL 33319 US

New Principal Place of Business:

Current Mailing Address:

5275 NORTHWEST 74TH TERRACE
LAUDERHILL, FL 33319 US

New Mailing Address:

FEI Number: 26-1972395 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PITTER, CARL S
7435 NW 57TH STREET
TAMARAC, FL 33319 US

Name and Address of New Registered Agent:

PITTER, CARL S
7447 NW 57TH STREET
TAMARAC, FL 33319 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: CARL S PITTER 05/01/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DIXON, JOY A
Address: 5275 NW 74TH TERRACE
City-St-Zip: LAUDERHILL, FL 33319

Title: TRES ( ) Delete
Name: DIXON, JOY A
Address: 5275 NW 74TH TERRACE
City-St-Zip: LAUDERHILL, FL 33319

Title: SEC ( ) Delete
Name: DIXON, JOY A
Address: 5275 NW 74TH TERRACE
City-St-Zip: LAUDERHILL, FL 33319

Title: DIR ( ) Delete
Name: DIXON, JOY A
Address: 5275 NW 74TH TERRACE
City-St-Zip: LAUDERHILL, FL 33319

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:

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: JOY DIXON P 05/01/2009
Electronic Signature of Signing Officer or Director Date