
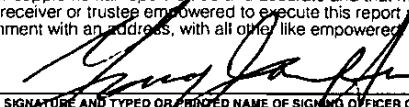


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2005 8:00 am
Secretary of State

06-06-2005 90002 036 ***150.00

DOCUMENT # P94000026917 1. Entity Name ST. LUCIE DENTAL LABORATORY, INC.					
Principal Place of Business 2062 SW PORT ST LUCIE BLVD PORT ST LUCIE, FL 34953			Mailing Address 2062 SW PORT ST LUCIE BLVD PORT ST LUCIE, FL 34953		
2. Principal Place of Business 2602 SW PORT ST LUCIE BLVD		3. Mailing Address Same			
Suite, Apt. #, etc. BLVD		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0487829	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HU, YOUNG C 2062 SW PORT ST LUCIE BLVD PORT ST. LUCIE, FL 34953				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT HU, YOUNG C <input type="checkbox"/> Delete 2062 SW PORT ST LUCIE BLVD PORT ST. LUCIE, FL 34953		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2602	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS HU, YONG J <input type="checkbox"/> Delete 2062 SW PORT ST LUCIE BLVD PORT ST. LUCIE, FL 34953		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2602	
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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 exemption stated in Section 119.07(3)(i), 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:  YONG JA HU 6/2/2005 (772) 344-5227 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					