2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2010
Secretary of State

DOCUMENT# P94000026917

Entity Name: ST. LUCIE DENTAL LABORATORY, INC.

Current Principal Place of Business:

2602 SW PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34953

New Principal Place of Business:

1592 S.E.VIILLAGE GREEN DR. UNIT E
PORT ST LUCIE, FL 34952

Current Mailing Address:

2602 SW PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34953

New Mailing Address:

1592 S.E.VIILLAGE GREEN DR. UNIT E
PORT ST LUCIE, FL 34952

FEI Number: 65-0487829 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HU, YOUNG C
2062 SW PORT ST LUCIE BLVD
PORT ST. LUCIE, FL 34953 US

Name and Address of New Registered Agent:

HU, YOUNG C
1592 S.E. VILLAGE GREEN DR. UNIT E
PORT ST. LUCIE, FL 34952 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: 03/04/2010
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPT
Name: HU, YOUNG C
Address: 1592 S.E. VILLAGE GREEN DR. UNIT E
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: DVS
Name: HU, YONGJA
Address: 1592 S.E. VILLAGE GREEN DR. UNIT E
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: D
Name: HU, INHUI H
Address: 1592 S.E. VILLAGE GREEN DR. UNIT E
City-St-Zip: PORT ST. LUCIE, FL 34952

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: HUYOUNGCHEAL PRES 03/04/2010
Electronic Signature of Signing Officer or Director — Date