
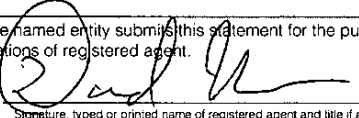
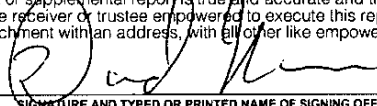


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90233 028 ***150.00

DOCUMENT # P94000069229 1. Entity Name NATURAL ARTS DENTAL LAB, INC.																											
Principal Place of Business 4189 JAMES STREET PORT CHARLOTTE, FL 33980		Mailing Address 4189 JAMES STREET PORT CHARLOTTE, FL 33980																									
2. Principal Place of Business 21202 Olean Blvd Suite, Apt. #, etc. Ste B-3 City & State Port Charlotte, FL Zip 33952 Country		3. Mailing Address 21202 Olean Blvd Suite, Apt. #, etc. Ste B-3 City & State Port Charlotte, FL Zip 33952 Country																									
4. FEI Number 65-0518926		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 WIENER, DAVID 4344 TAMiami TRAIL PT CHARLOTTE, FL 33952		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 21202 Olean Blvd, Ste B-3 City Port Charlotte FL Zip Code 33952																									
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 4/28/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WIENER, DAVID</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4189 JAMES STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PORT CHARLOTTE, FL 33980</td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	WIENER, DAVID		STREET ADDRESS	4189 JAMES STREET		CITY-ST-ZIP	PORT CHARLOTTE, FL 33980		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>2119 NW 8th Terrace</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Cape Coral, FL</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>33993</td> <td></td> </tr> </table>		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	2119 NW 8th Terrace		STREET ADDRESS	Cape Coral, FL		CITY-ST-ZIP	33993	
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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 4/28/06																											