

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000069229

Entity Name: NATURAL ARTS DENTAL LAB, INC.

FILED
Apr 24, 2007
Secretary of State

Current Principal Place of Business:

21202 OLEAN BLVD. STE B-3
PORT CHARLOTTE, FL 33952 US

New Principal Place of Business:

Current Mailing Address:

21202 OLEAN BLVD. STE B-3
PORT CHARLOTTE, FL 33952 US

New Mailing Address:

FEI Number: 65-0518926

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WIENER, DAVID
21202 OLEAN BLVD. STE B-3
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WIENER, DAVID
Address: 2119 NW 8TH TERR.
City-St-Zip: CAPE CORAL, FL 33993

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID WIENER

D

04/24/2007

Electronic Signature of Signing Officer or Director

Date