2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008
Secretary of State

DOCUMENT# P96000088931

Entity Name: DAVIDSON DENTAL LAB INC

Current Principal Place of Business:

2320 TAMIAMI TRAIL, #4
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

3135 BOBCAT VILLAGE CTR RD
NORTH PORT, FL 34288 US

Current Mailing Address:

2320 TAMIAMI TRAIL, #4
PORT CHARLOTTE, FL 33952

New Mailing Address:

3135 BOBCAT VILLAGE CTR RD
NORTH PORT, FL 34288 US

FEI Number: 65-0707789 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DAVIDSON, LESLIE A
2320 TAMIAMI TRAIL, #4
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

DAVIDSON, LESLIE A
3135 BOBCAT VILLAGE CTR RD
NORTH PORT, FL 34288 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: 04/17/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DAVIDSON, STEVEN J
Address: 619 N TAMIAMI TRAIL
City-St-Zip: NOKOMIS, FL 34275

Title: VP ( ) Delete
Name: DAVIDSON, LESLIE A
Address: 619 N TAMIAMI TRAIL
City-St-Zip: NOKOMIS, FL 34275

Title: VP ( ) Delete
Name: DAVIDSON, ROBERT J
Address: 619 N TAMIAMI TRAIL
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DAVIDSON, STEVEN J
Address: 1490 CARSWELL STREET
City-St-Zip: PORT CHARLOTTE, FL 33953 US

Title: VP (X) Change ( ) Addition
Name: DAVIDSON, LESLIE A
Address: 1490 CARSWELL STREET
City-St-Zip: PORT CHARLOTTE, FL 33953 US

Title: VP (X) Change ( ) Addition
Name: DAVIDSON, ROBERT J
Address: 5158 FOXHALL RD
City-St-Zip: NORTH PORT, FL 34286 US

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: LESLIE DAVIDSON VP 04/17/2008
Electronic Signature of Signing Officer or Director — Date