

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90035 012 ***158.75

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1. Entity Name

TEETH R US DENTAL LABORATORY & REFERRAL
SERVICE, INC.



Principal Place of Business

17325 NW 27TH AVENUE
SUITE 201
OPA LOCKA, FL 33056 US

Mailing Address

17325 NW 27TH AVENUE
SUITE 201
OPA LOCKA, FL 33056 US

DO NOT WRITE IN THIS SPACE



03092006 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0345015

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FORSHEE, GLENN
17325 NW 27TH AVENUE
SUITE 201
MIAMI, FL 33056

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME FORSHEE, GLENN
STREET ADDRESS 19703 NW 32 PLACE
CITY-ST-ZIP MIAMI, FL 33056

TITLE D
NAME FORSHEE, CHERYL
STREET ADDRESS 19703 NW 32 PLACE
CITY-ST-ZIP MIAMI, FL 33056

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Cheryl Forshee
Glenn Forshee, president 3/8/06