

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000078719

Entity Name: DENTAL CRAFTERS, INC.

FILED
Jan 15, 2009
Secretary of State

Current Principal Place of Business:

1110 US 27 SOUTH
AVON PARK, FL 33825

New Principal Place of Business:

Current Mailing Address:

1110 US 27 SOUTH
AVON PARK, FL 33825

New Mailing Address:

FEI Number: 59-3546318

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEERAJ, PAUL
1110 US 27 SOUTH
AVON PARK, FL 33825 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: SEERAJ, PAUL
Address: 13801 US 27 SOUTH
City-St-Zip: SEBRING, FL 33884

Title: D () Delete
Name: MERRELL, WILLIAM
Address: NINE APPLE TREE LANE
City-St-Zip: WINTER HAVEN, FL 33884

Title: P () Delete
Name: VAN EVANS, WILLIAM E
Address: 311 VIOLA ST
City-St-Zip: OSHAWA, ONTARIO, CA L1H 3A7

Title: ST () Delete
Name: MARK, MICHELE
Address: 311 VIOLA ST
City-St-Zip: OSHAWA, ONTARIO, CA L1H 3A7

Title: V () Delete
Name: SERRAJ, PAUL
Address: 13801 US 27 S
City-St-Zip: SEBRING, FL 33876

Title: V () Delete
Name: MERRELL, WILLIAM
Address: NINE APPLE TREE LN
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: PAUL SEERAJ

V

01/15/2009

Electronic Signature of Signing Officer or Director

Date