## 2010 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000078719

Entity Name: DENTAL CRAFTERS, INC.

FILED Apr 01, 2010 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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1110 US 27 SOUTH AVON PARK, FL 33825

Current Mailing Address: New Mailing Address:

1110 US 27 SOUTH AVON PARK, FL 33825

FEI Number: 59-3546318 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SEERAJ, PAUL 1110 US 27 SOUTH AVON PARK, FL 33825 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: [

Name: SEERAJ, PAUL
Address: 13801 US 27 SOUTH
City-St-Zip: SEBRING, FL 33884

Title: [

Name: MERRELL, WILLIAM
Address: NINE APPLE TREE LANE
City-St-Zip: WINTER HAVEN, FL 33884

Title: F

Name: VAN EVANS, WILLIAM E

Address: 311 VIOLA ST

City-St-Zip: OSHAWA, ONTARIO, CA L1H 3A7

Title: ST

Name: MARK, MICHELE Address: 311 VIOLA ST

City-St-Zip: OSHAWA, ONTARIO, CA L1H 3A7

Title: \

 Name:
 SERRAJ, PAUL

 Address:
 13801 US 27 S

 City-St-Zip:
 SEBRING, FL 33876

Title: \

Name: MERRELL, WILLIAM
Address: NINE APPLE TREE LN
City-St-Zip: WINTER HAVEN, FL 33884

I hereby 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 all other like empowered.

SIGNATURE: PAUL SEERAJ V.P. 04/01/2010