2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 14, 2006 08:00 AM Secretary of State DOCUMENT # y25760 SUNSHINE PROFESSIONAL DENTAL LAB. INC. Principal Place of Business - Mailing Address 6057 JOHNSON STREET 6057 JOHNSON STREET HOLLYWOOD FL 33024 HOLLYWOOD FL 33024 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE City & State City & State Applied For 4. FEI Number 65-0410277 Not Applicable Country Zφ Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HERDOIZA, MILTON 6057 JOHNSON STREET Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33034 City Zig Cade 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 lamiliar with, and accept the obligations of registered agent SIGNATURE . Signature, typed or prince name of registered agent and title it applicable (NOTE Registered Agent eignature required when reinstalling) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TALE Delete nne ☐ Change ☐ Addillion NAME HERDOIZA, MILTON MARKE UCOCO0507620 STREET ADDRESS STREET ADDRESS 6057 JOHNSON ST. 04/27/06-80060-025 150.00 CITY-ST-ZIP HOLLYWOOD FL 33024 City-St-Zip HILL ☐ Delete DILE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CRY-ST-ZP CHY-S1-219 ☐ Defete Change ■ Addition THEE THE NAM NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP ርሊፒҰ-5₹-ረም TITLE ☐ Defete NILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BILE ☐ Detete ☐ Change ■ Addition MILE NAME NAME STREET ADDRESS STREE! ADDRESS CHY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED

9-17-06 954.983-2078