

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V62449

FILED
Feb 10, 2006
Secretary of State

Entity Name: PERCEPTION DENTAL LABORATORIES, INC.

Current Principal Place of Business:

1039 N EAST AVE
SARASOTA, FL 34237 US

New Principal Place of Business:

5919 WINGSPAN WAY
BRADENTON, FL 34203 US

Current Mailing Address:

1039 N EAST AVE
SARASOTA, FL 34237 US

New Mailing Address:

5919 WINGSPAN WAY
BRADENTON, FL 34203 US

FEI Number: 65-0359841

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MC CLEMENS, CHARLES E
1039 N EAST AVE
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

MC CLEMENS, CHARLES E
5919 WINGSPAN WAY
BRADENTON, FL 34203 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: _____

02/10/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHIVINGTON, JAMES J.,
Address: 7426 N. LEEWYNN DRIVE
City-St-Zip: SARASOTA, FL

Title: D (X) Delete
Name: MC CLEMENS, CHARLES E
Address: 5919 WINGSPAN WAY
City-St-Zip: BRADENTON, FL 34203

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MCCLEMENS, CHARLES E
Address: 5919 WINGSPAN WAY
City-St-Zip: BRADENTON, FL 34203 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLES E MCCLEMENS

PRES

02/10/2006

Electronic Signature of Signing Officer or Director

Date