

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 623399

FILED
Apr 29, 2005
Secretary of State

Entity Name: E.A. FROMEN ORTHODONTIC LAB, INC.

Current Principal Place of Business:

2115 SE LENNARD RD
PORT SAINT LUCIE, FL 34952 US

New Principal Place of Business:

1849 S.W. BILTMORE ST.
PORT SAINT LUCIE, FL 34984 US

Current Mailing Address:

2115 SE LENNARD RD
PORT SAINT LUCIE, FL 34952 US

New Mailing Address:

1849 S.W. BILTMORE ST.
PORT SAINT LUCIE, FL 34984 US

FEI Number: 59-1915814

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KACZMAREK, JOHN C., P.A.
900 N. FEDERAL HIGHWAY
BOCA RATON, FL 33432 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: PD () Delete
Name: FROMEN, EDWARD A.,
Address: 237 S.W. FERNLEAF TR
City-St-Zip: PT. ST. LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Section 119.07(3)(i), 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: EDWARD A. FROMEN

PRES

04/29/2005

Electronic Signature of Signing Officer or Director

Date