


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 623399**  
1. Entity Name  
E.A. FROMEN ORTHODONTIC LAB, INC.



Principal Place of Business      Mailing Address  
1849 S.W. BILTMORE ST.      1849 S.W. BILTMORE ST.  
PORT SAINT LUCIE, FL 34984 US      PORT SAINT LUCIE, FL 34984 US

**DO NOT WRITE IN THIS SPACE**



03042006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
59-1915814      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional  
Fees Required

6. Name and Address of Current Registered Agent  
  
KACZMAREK, JOHN C., P.A.  
900 N. FEDERAL HIGHWAY  
BOCA RATON, FL 33432

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IN THIS SPACE**

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 familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution        \$5.00 May Be Added to Fees

100000480918  
04/11/06-80008-022 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO FROMEN, EDWARD A. 237 S.W. FERNLEAF TR PT. ST. LUCIE, FL 34953
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

SIGNATURE: Edward A. Fromen      3/22/06      772-5300119  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Olayette Phone #