
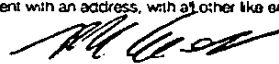


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 29, 2006 8:00 am
Secretary of State

08-14-2006 90040 010 ***150.00

| | | | |
|--|---|--|---|
| DOCUMENT # H85410 | |  | |
| 1. Entity Name WALKER DENTAL LABORATORY, INC. | | | |
| Principal Place of Business 501 GOLDEN ISLE DR., STE 205A HALLANDALE FL 33009 | | Mailing Address 501 GOLDEN ISLE DR., STE 205A HALLANDALE FL 33009 | |
| 2. Principal Place of Business Walker Dental 8406 Pointe Rd Suite, Apt. #, etc. | | 3. Mailing Address 8406 Pointe Rd Suite, Apt. #, etc. | |
| City & State Park City UT | | City & State Park City Utah | |
| Zip 84098 Country US | | Zip 84098 Country US | |
| 4. FEI Number 59-2610298 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WALKER, RICHARD E. 501 GOLDEN ISLE DR., STE 205A HALLANDALE FL 33009 | | 7. Name and Address of New Registered Agent Name: Richard E. Walker Street Address (P.O. Box Number is Not Acceptable): 501 Golden Isle Dr # 205A City: Hallandale FL 33009 | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small> | | | |
| FILE NOW!!! FEE IS \$550.00 DUE BY September 6, 2006 Make Check Payable to Florida Department of State | | S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/> | |
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WALKER, RICHARD E. 501 GOLDEN ISLE DR #205A HALLANDALE FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Walker Richard E. 8406 Pointe Rd Park City UT 84098 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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:  | | Date: 7/26/08 954 Time/Phone: 261 3217 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Time/Phone # | |