


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 05, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 723825</b>	
1. Entity Name <b>UNIVERSAL PATH CENTER, INC.</b>	

Principal Place of Business <b>2460 N. COURTENAY PARKWAY MERRITT ISLAND FL 32953</b>	Mailing Address <b>2460 N. COURTENAY PARKWAY MERRITT ISLAND FL 32953</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)

4. FEI Number <b>59-2523372</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>
<b>WALLER, JEANE H 2180 WINSTON DR COCOA FL 32926</b>

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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	Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when constituting)	DATE
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<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to: Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	SD <input type="checkbox"/> Delete
NAME	CASEY, SIGRID A
STREET ADDRESS	340 MOCKINGBIRD LN
CITY-ST-ZIP	MERRITT ISLAND FL 32953
TITLE	D <input type="checkbox"/> Delete
NAME	ELAM, JACKIE
STREET ADDRESS	1054 N. 17-92
CITY-ST-ZIP	LONGWOOD FL 32750
TITLE	TD <input type="checkbox"/> Delete
NAME	FOX, WILMA
STREET ADDRESS	343 N. TROPICAL TRAIL
CITY-ST-ZIP	MERRITT ISLAND FL
TITLE	P <input type="checkbox"/> Delete
NAME	WALLER, REV J
STREET ADDRESS	2180 WINSTON DR
CITY-ST-ZIP	COCOA FL 32926
TITLE	D <input type="checkbox"/> Delete
NAME	RIFFE, DELIGHT
STREET ADDRESS	1204 ADMIRALTY BLVD
CITY-ST-ZIP	ROCKLEDGE FL 32955
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000848498  
03/20/08-80019-012 61.25

12. I hereby 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 617, 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:** Wilma M. Fox Wilma M. Fox 3/3/08 321-454-3819