2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 14, 2006
Secretary of State

DOCUMENT# 328157

Entity Name: UPHAM, INC.

Current Principal Place of Business:

265 KENILWORTH AVE.
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

265 KENILWORTH AVE.
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 59-1205668 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASELLA, ROBERT M
5050 BRYWILL CIRCLE
SARASOTA, FL 34234 US

Name and Address of New Registered Agent:

WELCH, MATTHEW S
222 SEABREEZE BLVD
DAYTONA BEACH, FL 32118 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: MATTHEW S WELCH 04/14/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CEOD ( ) Delete
Name: MCMICHAEL, H R
Address: 265 KENILWORTH AVENUE
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete
Name: MCMICHAEL, ANNE W
Address: 265 KENILWORTH AVENUE
City-St-Zip: ORMOND BEACH, FL 32174

Title: PD ( ) Delete
Name: STRCULA, ROGER W
Address: 265 KENILWORTH AVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete
Name: MCNULTY, ANDREW C
Address: 265 KENILWORTH AVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: ST ( ) Delete
Name: CATRAMBONE, GERALD W
Address: 265 KENILWORTH AVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: V ( ) Delete
Name: POORE, RICHARD L
Address: 265 KENILWORTH AVENUE
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: V (X) Change ( ) Addition
Name: HART, WILLIAM S
Address: 265 KENILWORTH AVE
City-St-Zip: ORMOND BEACH, FL 32174

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

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: ROGER W STRCULA PD 04/14/2006
Electronic Signature of Signing Officer or Director Date