2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724565

Entity Name: WEDGMONT, INC.

Apr 27, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

955 PALMVIEW DRIVE NAPLES, FL 34110

Current Mailing Address: New Mailing Address:

POST OFICE BOX 110156 C/O SUNBURST MGMT. NAPLES, FL 34108 P.O. BOX 110339 NAPLES, FL 34108

FEI Number: 59-1469296 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

SPEECHLY, C.S. JR. KUETER, BEVERLY 5332 CYPRÉSS LANE C/O SUNBURST MGMT. NAPLES, FL 34113 4306 ARNOLD AVE NAPLES, FL 34108 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: BEVERLY KUETER 04/27/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete CHUM, HARVEY JR. JUCHUM, HARVEY Name: Name:

955 PALM VIEW DR., #B307 Address: 955 PALM VIEW DR. #B-307 Address: City-St-Zip: NAPLES, FL 34110 City-St-Zip: NAPLES, FL 34110

(X) Change () Addition Title: () Delete Title: SMITH, THOMAS Name: SMITH, THOMAS Name:

Address: 975 PALM VIEW DR., A205 Address: 975 PALM VIEW DR. # A-205

City-St-Zip: NAPLES, FL 34110 City-St-Zip: NAPLES, FL 34110

Title: DST () Delete Title: DST (X) Change () Addition FLYNN, LYNDA FLYNN, LYNDA Name: Name:

925 PALM VIEW DR., #E118 925 PALM VIEW DR. #E-118 Address: Address:

City-St-Zip: NAPLES, FL 34110 City-St-Zip: NAPLES, FL 34110

Title: AS () Delete Title: (X) Change () Addition

Name: SPEECHLY, C.S. Name: NADOLY, JACKIE 925 PALM VIEW DR. #F-119 Address: 5332 CYPRESS LANE Address:

City-St-Zip: NAPLES, FL 34113 City-St-Zip: NAPLES, FL 34110

Title: () Delete Title: () Change (X) Addition

RICKERT, DONALD Name: Name: 955 PALM VIEW DR. #B-208 Address: Address:

City-St-Zip: City-St-Zip: NAPLES, FL 34110

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARVEY JUCHUM D/P 04/27/2005

Electronic Signature of Signing Officer or Director

Date