2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# 724565

Entity Name: WEDGMONT, INC.

Current Principal Place of Business:

4306 ARNOLD AVENUE
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of Current Registered Agent:

KUETER, BEVERLY
C/O SUNBURST MGMT.
4306 ARNOLD AVE.
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: NADOLNY, JACKIE
Address: 925 PALM VIEW DR. #F-119
City-St-Zip: NAPLES, FL 34110

Title: DVS ( ) Delete
Name: MORGAN, DON
Address: 955 PALM VIEW DR. # B-107
City-St-Zip: NAPLES, FL 34110

Title: DT ( ) Delete
Name: RICHERT, DON
Address: 955 PALM VIEW DR. #B-208
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete
Name: SMITH, THOMAS
Address: 975 PALM VIEW DR. #A-205
City-St-Zip: NAPLES, FL 34110

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVP (X) Change ( ) Addition
Name: MORGAN, DON
Address: 955 PALM VIEW DR. # B-107
City-St-Zip: NAPLES, FL 34110

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

Title: DS (X) Change ( ) Addition
Name: SMITH, THOMAS
Address: 975 PALM VIEW DR. #A-205
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Change (X) Addition
Name: DUNLAP, KAREN
Address: 955 PALM VIEW DR. #B-306
City-St-Zip: NAPLES, FL 34110

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACKIE NADOLNY PRES 04/30/2008

Electronic Signature of Signing Officer or Director — Date