

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M23645

FILED
Mar 06, 2006
Secretary of State

Entity Name: THE UPLEDGER INSTITUTE, INC.

Current Principal Place of Business:

11211 PROSPERITY FARMS RD.
SUITE D325
PALM BCH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

11211 PROSPERITY FARMS RD.
SUITE D325
PALM BCH GARDENS, FL 33410

New Mailing Address:

FEI Number: 59-2609606

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PODESTA, CARI S
11382 PROSPERITY FARMS ROAD
SUITE 227
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

NORMAN, KENNETH A
2400 SE FEDERAL HWY
4TH FLOOR
STUART, FL 34994 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: KENNETH A. NORMAN

03/06/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: UPLEDGER, JOHN E
Address: 8850 150TH CT N
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: DVST () Delete
Name: SABLE, WILLIAM A
Address: 920 SE ATLANTIC DR
City-St-Zip: LANTANA, FL 33462

Title: V (X) Delete
Name: UPLEDGER, JOHN M
Address: 11211 PROSPERITY FARMS RD.
City-St-Zip: PALM BEACH GARDENS, FL 33410

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:

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: WILLIAM A. SABLE

DVST

03/06/2006

Electronic Signature of Signing Officer or Director

Date