2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008
Secretary of State

DOCUMENT# M23645

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:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVT (X) Change ( ) Addition
Name: SABLE, WILLIAM A
Address: 920 SE ATLANTIC DR
City-St-Zip: LANTANA, FL 33462 US

Title: D ( ) Change (X) Addition
Name: KINNEY, DOUG
Address: 12476 RIDGE ROAD
City-St-Zip: NORTH PALM BEACH, FL 33408 US

Title: D ( ) Change (X) Addition
Name: CUNNINGHAM, WILLIAM
Address: 533 GREENWAY DRIVE
City-St-Zip: NORTH PALM BEACH, FL 33408 US

Title: DS ( ) Change (X) Addition
Name: UPLEDGER, LISA
Address: 8850 150TH COURT N.
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

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 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 DVT 03/24/2008

Electronic Signature of Signing Officer or Director — Date