2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007
Secretary of State

DOCUMENT# N03000010629

Entity Name: ETHICMARK INSTITUTE, INC.

Current Principal Place of Business:

10 CARRERA ST.
AGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

PO BOX 3443
SAINT AUGUSTINE, FL 320853443

New Mailing Address:

FEI Number: 20-0462878 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVE.
DAYTONA BCH, FL 321152491 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: D ( ) Delete
Name: BINNS, BETH A
Address: P. O. BOX 244
City-St-Zip: WARREN, VT 05674

Title: D ( ) Delete
Name: KAY, ALAN F
Address: 10 CARRERA ST.
City-St-Zip: ST. AUGUSTINE, FL 30284

Title: D ( ) Delete
Name: WILSON, JEAN G
Address: RT 1/BOX 198
City-St-Zip: COLUMBIA, MO 652057165

Title: D ( ) Delete
Name: HENDERSON, HAZEL
Address: 10 CARRERA ST.
City-St-Zip: SAINT AUGUSTINE, FL 32084

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

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: BETH A. BINNS D 05/07/2007

Electronic Signature of Signing Officer or Director — Date