2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2008 8:00 am
Secretary of State
01-31-2008 90013 006 ****61.25

DOCUMENT # N41909

1. Entity Name

SPRING BRAIN CONFERENCE, INC.

Principal Place of Business	Mailing Address
% ROBERT P. YEZIERSKI P O BOX 100444 DEPT OF ORTHODONTICS GAINESVILLE FL 32610	% ROBERT P. YEZIERSKI P O BOX 100444 DEPT OF ORTHODONTICS GAINESVILLE FL 32610

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0238406 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
YEZIERSKI, ROBERT P PHD 1600 SW ARCHER RD D10-19 GAINESVILLE FL 32610	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YETZIERSKI, ROBERT P 1600 SW ARCHER RD D10-19 GAINESVILLE FL 32610	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Rubak Charles Univ Calif, Irvine Irvine, CA 92697	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BASBAUM, ALLAN I 513 PARNASASEUS BOX 0452 SAN FRANCISCO CA 94143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Thomas Woolsey 4566 Scott Ave. Box 8057 St. Louis, MO 63110	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FELDMAN, JACK BOX 951763 LOS ANGELES CA 90095	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Doug Smith 1125 Lincoln Drive Carbondale, IL 62901	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRESLER, GLENN G-145 JACKSON HALL MINNEAPOLIS MN 55455	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Doug Rapp 11178-A Flintrote Ave. San Diego, CA 92121	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACQUIN, MARK 660 S EUCLID BOX 8111 SAINT LOUIS MO 63110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~Barry Wolf~~ Eldon Geisert 930 Madison Ave. Memphis, TN 38163	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, JIM MEDICAL CENTER BLVD WINSTON SALEM NC 27157	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Kori Brewer PCMH 3ED 304, 600 Moye Blvd. Greenville, NC 27858	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: RP Yezierske 1/25/08 352-372-4487