2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N99000004458

TI FILED

May 31, 2007

Secretary of State

Entity Name: DOROTHY PORTER WESLEY RESEARCH CENTER, INC.

Current Principal Place of Business: New Principal Place of Business: 2400 EAST LAS OLAS BLVD. STE 123 FORT LAUDERDALE, FL 333011529 **Current Mailing Address: New Mailing Address:** 2400 EAST LAS OLAS BLVD. STE 123 FORT LAUDERDALE, FL 333011529 FEI Number: 65-0936845 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: UZELAC, CONI PORTER 2400 EAST LAS OLAS BLVD. STE 123 FORT LAUDERDALE, FL 333011529 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition UZELAC, CONI PORTER Name: Name: 2400 EAST LAS OLAS BLVD. STE 123 Address: Address: City-St-Zip: FORT LAUDERDALE, FL 333011529 City-St-Zip: Title: SD () Delete Title: () Change () Addition ROBINSON, FLETCHER MD Name: Name: Address: P.O. BOX 11366 Address: City-St-Zip: ST. THOMAS, VI 00801 City-St-Zip: Title: VD. () Delete Title: () Change () Addition KEMPFF, DAWN Name: Name: 1511 E COMMERCIAL STE 88 Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33334 City-St-Zip: () Delete Title: TD Title: () Change () Addition Name: MCCORMICK, NUCCIA Name: Address: 11 HARBOR ISLES Address: City-St-Zip: FORT LAUDERDALE, FL 33316 City-St-Zip: Title: () Delete Title: (X) Change () Addition MAGUINE, KELLY MAGUIRE, KELLY Name: Name: 2900 BANYAN ST 102 2900 BANYAN ST 102 Address: Address: FORT LAUDERDALE, FL 33301 City-St-Zip: FORT LAUDERDALE, FL 33301 City-St-Zip: Title: () Delete Title: () Change (X) Addition MILAN UZELAC, EXECUT, IVE DIRECTOR Name: Name: Address: Address: 2400 E. LAS OLAS BLVD STE 123 FORT LAUDERDALE, FL 33301 City-St-Zip: 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: CONI PORTER UZELAC P 05/31/2007