

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000038021

FILED
Jul 23, 2008
Secretary of State**Entity Name:** MAXWELL MOTIVATION, INC.**Current Principal Place of Business:**500 SOUTH FLORIDA AVENUE
SUITE 700
LAKELAND, FL 33801 US**New Principal Place of Business:****Current Mailing Address:**500 SOUTH FLORIDA AVENUE
SUITE 700
LAKELAND, FL 33801 US**New Mailing Address:****FEI Number:** 33-0667817 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**AIRTH, HAL A JR.
500 SOUTH FLORIDA AVENUE
SUITE 800
LAKELAND, FL 33801 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:** DCEO () Delete
Name: MAXWELL, JOHN C
Address: 500 SOUTH FLORIDA AVENUE, STE 700
City-St-Zip: LAKELAND, FL 33801 US**Title:** VP () Delete
Name: MAXWELL, LARRY
Address: 500 SOUTH FLORIDA AVENUE, STE 700
City-St-Zip: LAKELAND, FL 33801 US**Title:** CFO () Delete
Name: JOHNSTON, COLLEEN
Address: 12000 FINDLEY RD SUITE 100
City-St-Zip: DULUTH, GA 30097 US**Title:** ST () Delete
Name: EGGERS, LINDA
Address: 12000 FINDLEY RD SUITE 100
City-St-Zip: DULUTH, GA 30097 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** CFO (X) Change () Addition
Name: MAXWELL, LARRY
Address: 500 SOUTH FLORIDA AVE STE 700
City-St-Zip: LAKELAND, FL 33801 US**Title:** ST (X) Change () Addition
Name: EGGERS, LINDA
Address: 12000 FINDLEY RD SUITE 100
City-St-Zip: JOHNS CREEK, GA 30097 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: LINDA EGGERS

ST

07/23/2008

Electronic Signature of Signing Officer or Director_____
Date