2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2008
Secretary of State

DOCUMENT# P07000031497

Entity Name: WYNOT MEDIATION & COUNSELING INC.

Current Principal Place of Business:

3539 APALACHEE PKWY, STE 3-226
TALLAHASSEE, FL 32311

New Principal Place of Business:

1687 UPPER CODY ROAD
MONTICELLO, FL 32344

Current Mailing Address:

3539 APALACHEE PKWY, STE 3-226
TALLAHASSEE, FL 32311

New Mailing Address:

1687 UPPER CODY ROAD
MONTICELLO, FL 32344

FEI Number: 20-8650070 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WYNOT, GREGORY
Address: P O BOX 217
City-St-Zip: WACISSA, FL 323610217

Title: VPS ( ) Delete
Name: RYAN, LAURIE
Address: 1687 UPPER CODY RD
City-St-Zip: MONTICELLO, FL 32344

Title: T ( ) Delete
Name: WYNOT, GREGORY
Address: 1687 UPPER CODY RD
City-St-Zip: MONTICELLO, FL 32344

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WYNOT, GREGORY
Address: 1687 UPPER CODY ROAD
City-St-Zip: MONTICELLO, FL 32344

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY P. WYNOT PD 08/13/2008

Electronic Signature of Signing Officer or Director — Date