2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004
Secretary of State

DOCUMENT# S01975

Entity Name: WELLSPRING INSTITUTE, INC.

Current Principal Place of Business:

300 SE 19 ST
FT. LAUDERDALE, FL 333162840

New Principal Place of Business:

14 BEAVERDAM KNOLL RD
ASHEVILLE, NC 28804

Current Mailing Address:

300 SE 19 ST
FT. LAUDERDALE, FL 333162840

New Mailing Address:

14 BEAVERDAM KNOLL RD
ASHEVILLE, NC 28804

FEI Number: 65-0221738 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEWMAN, LINDA S
6300 NW 2ND AVE. #208
BOCA RATON, FL 33431 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: NEWMAN, LINDA S
Address: 300 SE 19TH ST.
City-St-Zip: FT. LAUDERDALE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: NEWMAN, LINDA S
Address: 14 BEAVERDAM KNOLL RD
City-St-Zip: ASHEVILLE, NC

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 NEWMAN PRES 03/24/2004

Electronic Signature of Signing Officer or Director — Date