


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000001676 1. Entity Name THE DYSLEXIA FOUNDATION, INCORPORATED	
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FILED
04 FEB -4 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 4637 HIDDEN FOREST DRIVE SARASOTA, FL 34235	Mailing Address PO BOX 15948 SARASOTA, FL 34277-1948
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[Handwritten initials]



12/01/03 01012 012 \$70.00
01302004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business 1750 17TH STREET BLDG. H	3. Mailing Address SAME
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City & State SARASOTA	City & State
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4. FEI Number 04-3040415	Applied For <input type="checkbox"/> Not Applicable
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Zip 34234-8666	Country SARASOTA	Zip	Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PASHO, PHILIP B 4422 DIAMOND CIRCLE W. SARASOTA, FL 34233
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7. Name and Address of New Registered Agent Name: SAME Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:
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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: Philip B. Pasho Philip B. Pasho 1/30/2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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	
TITLE	PC <input type="checkbox"/> Delete
NAME	BAKER, WILLIAM H JR.
STREET ADDRESS	4637 HIDDEN FOREST DRIVE
CITY-ST-ZIP	SARASOTA, FL 34235
TITLE	CD <input type="checkbox"/> Delete
NAME	EASTON, WILLIAM C
STREET ADDRESS	4 GLOVER AVENUE
CITY-ST-ZIP	HULL, MA 02045
TITLE	T <input type="checkbox"/> Delete
NAME	SMITH, DELOS
STREET ADDRESS	845 THIRD AVE.
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	BULIFANT, JOYCE
STREET ADDRESS	44 HERITAGE COURT
CITY-ST-ZIP	CARBONDALE, CO
TITLE	D <input type="checkbox"/> Delete
NAME	PATTERSON, WILLIAM E
STREET ADDRESS	EMERY ROAD
CITY-ST-ZIP	S. WALES, NY 14139
TITLE	EXECUTIVE DIRECTOR <input type="checkbox"/> Delete
NAME	PHILIP B. PASHO
STREET ADDRESS	4422 DIAMOND CIRCLE W.
CITY-ST-ZIP	SARASOTA, FL 34233

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	EASTON, WILLIAM C. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Philip B. Pasho, EXECUTIVE DIRECTOR Philip B. Pasho 1/30/2004 941-362-3322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #