


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90042 047 \*\*\*\*61.25

<b>DOCUMENT # N00000001742</b>					
1. Entity Name <b>BIBLETALK INCORPORATED</b>					
Principal Place of Business 2998 FAYSON CIRCLE DELTONA, FL 32738			Mailing Address 7512 DR. PHILLIPS BLVD. SUITE 50-877 ORLANDO, FL 32819		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0991871	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134				Name <b>MARK SWIATOSZ</b>	
				Street Address (P.O. Box Number is Not Acceptable) <b>629 SOUTH N. LAKE BLVD</b>	
				City <b>ALTAMONTE SPRINGS</b>	
				State <b>FL</b>	Zip Code <b>32701</b>
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 <b>MARK SWIATOSZ</b>		<i>Mark Swiatosz</i>		DATE <b>21 MAR 08</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLANNAGIN, ALBERT J		NAME	FLANNAGIN, ALBERT J	
STREET ADDRESS	1116 COBBLESTONE AVENUE		STREET ADDRESS	1116 COBBLESTONE AVENUE	
CITY-ST-ZIP	DELTONA, FL 32725		CITY-ST-ZIP	DELTONA, FL 32725	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIGHT, BRUCE		NAME	ROZZONI, PAMELA	
STREET ADDRESS	2998 FAYSON CIRCLE		STREET ADDRESS	296 ALBERTS ROAD	
CITY-ST-ZIP	DELTONA, FL 32738		CITY-ST-ZIP	DRYDEN, NY 13053	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIGHT, MARGARET		NAME	MCDANIEL, ALICE P.	
STREET ADDRESS	2998 FAYSON CIRCLE		STREET ADDRESS	6336 Buford St #604	
CITY-ST-ZIP	DELTONA, FL 32738		CITY-ST-ZIP	ORLANDO, FL 32835	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWIATOSZ, MARK		NAME		
STREET ADDRESS	629 SOUTH N LK BLVD		STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROZZONI, ROBERTO		NAME		
STREET ADDRESS	296 ALBERTS ROAD		STREET ADDRESS		
CITY-ST-ZIP	DRYDEN, NY 13053		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDANIEL, ALLEN W JR		NAME	MCDANIEL, ALLEN W. JR	
STREET ADDRESS	6336 BUFORD STREET #604		STREET ADDRESS	6336 BUFORD STREET #604	
CITY-ST-ZIP	ORLANDO, FL 32835		CITY-ST-ZIP	ORLANDO, FL 32835	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Allen W. McDaniel Jr.</i>		Date: <b>04/04/08</b>		Daytime Phone #: <b>407-417-3000</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

