


# 2006 IOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N04000007677</b> 1. Entity Name <b>LITERACY LAUNCHERS, INCORPORATED</b>						<b>FILED</b> 06 JAN -3 11:07 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>1910 ESPLANADE N AVE          FORT PIERCE, FL 34982</b>		Mailing Address <b>1910 ESPLANADE N AVE          FORT PIERCE, FL 34982</b>					
2. Principal Place of Business <b>1844 SW Grant Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>1844 SW Grant Ave</b> Suite, Apt. #, etc.					
City & State <b>Port Saint Lucie, FL</b>		City & State <b>Port Saint Lucie FL</b>		4. FEI Number <b>33-1101645</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip <b>34453</b>		Country <b>USA</b>		Zip <b>34453</b>		Country <b>USA</b>	
6. Name and Address of Current Registered Agent  <b>HOEFFNER, BARBARA          1910 ESPLANADE NORTH AVE          FORT PIERCE, FL 34982</b>				7. Name and Address of New Registered Agent Name <b>Mary Huffstetter</b> Street Address (P.O. Box Number is Not Acceptable) <b>1844 SW Grant Ave</b> City <b>Port Saint Lucie</b> <b>FL</b> Zip Code <b>34453</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 <u><i>Mary Huffstetter</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				<small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE <b>12-28-05</b>	
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		CPD BUSH, BARBARA 247 SW MANOR DRIVE STUART, FL 34994 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		CPD Dawson, Darlene 6012 Palm Drive Fort Pierce, FL 34982 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		M HOEFFNER, BARBARA 1910 ESPLANADE NORTH AVE FT PIERCE, FL 34982 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		M Huffstetter, Mary 1844 SW Grant Ave. Port St. Lucie, FL 34453 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VD MILLER, JUDI 3325 S LAKEVIEW CIRCLE, # 206 FORT PIERCE, FL 34948 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		VD Perry, Kevin 5456 NW Model Ct. Port St. Lucie, FL 34986 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		STD KILMER, SUSAN 4905 MYRTLE DRIVE FORT PIERCE, FL 34982 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		STD O'Neill, Nicki 2001 SW Lance Avenue Port Saint Lucie, FL 34453 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Mary Huffstetter</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>12-28-05</b>		Daytime Phone # <b>772-408-7755</b>	

