

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007600

FILED  
Jun 16, 2009  
Secretary of State

Entity Name: ON THE ROLL TO READING CORP

**Current Principal Place of Business:**

4921 NW 181 TERR  
MIAMI, FL 33055

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 260747  
PEMBROKE PINES, FL 33026

**New Mailing Address:**

FEI Number: 75-3249150      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GANT, KAREN  
4920 NW 182 ST  
MIAMI, FL 33055      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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LOVE, TENISE  
Address: 4921 NW 181 TERR  
City-St-Zip: MIAMI, FL 33055

Title: VP ( ) Delete  
Name: MILLER-LEE, JANENE  
Address: 3920 SW 68TH AVE  
City-St-Zip: MIRAMAR, FL 33023

Title: MANG ( ) Delete  
Name: BURROUGHS, DIANE  
Address: 4921 NW 181TERR  
City-St-Zip: MIAMI, FL 33055

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

SIGNATURE: TENISE LOVE

P

06/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date