

**2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 05, 2010  
Secretary of State**

DOCUMENT# N08000009461

**Entity Name:** AMERICAN DYSLEXIA ASSOCIATION, INC.

**Current Principal Place of Business:**

TWO NORTH TAMIAMI TRAIL SUITE 506  
SARASOTA, FL 34236

**New Principal Place of Business:**

**Current Mailing Address:**

TWO NORTH TAMIAMI TRAIL SUITE 506  
SARASOTA, FL 34236

**New Mailing Address:**

**FEI Number:** 26-1108776      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CONKLIN, THOMAS R  
TWO NORTH TAMIAMI TRAIL SUITE 506  
SARASOTA, FL 34236    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  
Name: DULLER, KIPP  
Address: 748 SORRENTO INLET  
City-St-Zip: NOKOMIS, FL 34275 US

Title: TD  
Name: ENGEL, MARIO  
Address: 748 SORRENTO INLET  
City-St-Zip: NOKOMIS, FL 34275 US

I hereby 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 all other like empowered.

SIGNATURE: KIPP DULLER

P

02/05/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date