

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 09, 2009  
Secretary of State**

DOCUMENT# N08000010095

Entity Name: LITERACY ESSENTIALS, INC.

**Current Principal Place of Business:**

11918 DAVIS RD  
TAMPA, FL 33637

**New Principal Place of Business:**

**Current Mailing Address:**

11918 DAVIS RD  
TAMPA, FL 33637

**New Mailing Address:**

FEI Number: 26-3643767      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LEONARD, ELISE  
11918 DAVIS RD  
TAMPA, FL 33637      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: D      ( ) Delete  
Name: WYSOCKA, JOWITA L ESQ.  
Address: 2701 FIFTH AVENUE N.  
City-St-Zip: ST. PETERSBURG, FL 33713

Title: D      ( ) Delete  
Name: LOEHN, DULCEE  
Address: 33912 MANDRAKE RD  
City-St-Zip: ZEPHYRHILLS, FL 33543

Title: D      ( ) Delete  
Name: ENGEL, ERIC P PHD  
Address: 1424 FIRST STREET N.  
City-St-Zip: ST. PETERSBURG, FL 33704

Title: PS      ( ) Delete  
Name: LEONARD, ELISE  
Address: 11918 DAVIS RD  
City-St-Zip: TAMPA, FL 33637

Title: VPT      ( ) Delete  
Name: LEONARD, JOHN C  
Address: 11918 DAVIS RD  
City-St-Zip: TAMPA, FL 33637

**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:

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: ELISE LEONARD

PS

04/09/2009

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

\_\_\_\_\_  
Date