


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90185 029 \*\*\*150.00

**DOCUMENT # P02000061692**  
 1. Entity Name  
**LITERACY FOR LIFE SKILLS DEVELOPMENT, INC.**



Principal Place of Business      Mailing Address  
**544 WALNUT STREET**      **544 WALNUT STREET**  
**ALTAMONTE SPRINGS FL 32714**      **ALTAMONTE SPRINGS FL 32714**



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E034 (10/05)

City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
**32-0017592**      Not Applicable  
 5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**BACCHUS, FENNA E**  
**544 WALNUT STREET**  
**ALTAMONTE SPRINGS FL 32714**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      **\$5.00 May Be**  
 Trust Fund Contribution.            **Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BACCHUS, FENNA E</b>	
STREET ADDRESS	<b>544 WALNUT STREET</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL 32714</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>OSIMEN, CHRISTOPHER</b>	
STREET ADDRESS	<b>1207 W LINEBAUGH AVE.</b>	
CITY-ST-ZIP	<b>TAMPA FL 33612</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>Director, President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BACCHUS, FENNA E</b>	
STREET ADDRESS	<b>544 WALNUT ST.</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS, FL 32714</b>	
TITLE	<b>Vice-President, CFO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BACCHUS, FITZROY E.</b>	
STREET ADDRESS	<b>544 WALNUT ST.</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS, FL 32714</b>	
TITLE	<b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Glen Wade</b>	
STREET ADDRESS	<b>869 Silversmith Cir.</b>	
CITY-ST-ZIP	<b>Lake Mary, FL 32740</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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: *Glen Wade*      **GLEN D. WADE, Secretary 26 April 06**      Date      407-321-1921  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #