

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000127743

FILED  
Mar 16, 2005  
Secretary of State

Entity Name: DYSLEXIA INSTITUTES OF AMERICA, INC.

## Current Principal Place of Business:

1463 OAKFIELD DR  
BRANDON, FL 33511

## New Principal Place of Business:

1463 OAKFIELD DR  
SUITE 138  
BRANDON, FL 33511

## Current Mailing Address:

1463 OAKFIELD DR  
BRANDON, FL 33511

## New Mailing Address:

1463 OAKFIELD DR  
SUITE 138  
BRANDON, FL 33511

FEI Number: 43-1985959

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BEERS, WILLIAM E  
5929 SANDHILL RIDGE  
LITHIA, FL 33547 US

## Name and Address of New Registered Agent:

BEERS, WILLIAM E  
5929 SANDHILL RIDGE DR  
LITHIA, FL 33547 US

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

03/16/2005

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BEERS, WILLIAM E  
Address: 5929 SANDHILL RIDGE  
City-St-Zip: LITHIA, FL 33547

Title: D ( ) Delete  
Name: TURNER, LAURIE A  
Address: 1203 HIGH HAMMOCK DR APT 201  
City-St-Zip: TAMPA, FL 33619

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: BEERS, WILLIAM E  
Address: 5929 SANDHILL RIDGE DR  
City-St-Zip: LITHIA, FL 33547

Title: D (X) Change ( ) Addition  
Name: SPIEGEL, LAURIE A  
Address: 11112 NEWBRIDGE DR  
City-St-Zip: RIVERVIEW, FL 33569

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM E BEERS

Electronic Signature of Signing Officer or Director

D

03/16/2005

Date