

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000082213

FILED
Apr 12, 2006
Secretary of State

Entity Name: DYSLEXIA INSTITUTE OF CENTRAL FL., INC.

Current Principal Place of Business:

4934 TERRA VISTA WAY
ORLANDO, FL 32837 US

New Principal Place of Business:

1850 NORTH ALAFAYA TRAIL
ORLANDO, FL 32826 US

Current Mailing Address:

4934 TERRA VISTA WAY
ORLANDO, FL 32837 US

New Mailing Address:

P.O. BOX780369
ORLANDO, FL 32878 US

FEI Number: 65-1252520

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LAUREANO, CARMINA
2512 ABALONE BLVD
ORLANDO, FL 32833 US

Name and Address of New Registered Agent:

LAUREANO, OTERO C MARIA
2512 ABALONE BLVD
ORLANDO, FL 32833 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: MARIA C. LAUREANO OTERO

04/12/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HERNANDEZ, CARMEN
Address: 4934 TERRA VISTA WAY
City-St-Zip: ORLANDO, FL 32837 US

Title: D () Delete
Name: LAUREANO, CARMINA
Address: 2512 ABALONE BLVD
City-St-Zip: ORLANDO, FL 32833 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: LAUREANO, OTERO C MARIA
Address: 1850 NORTH ALAFAYA
City-St-Zip: ORLANDO, FL 32826 US

Title: DR (X) Change () Addition
Name: HERNANDEZ, ROSA M CARMEN
Address: 1850 NORTH ALAFAYA
City-St-Zip: ORLANDO, FL 32826 US

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

SIGNATURE: MARIA C. LAUREANO OTERO

DR

04/12/2006

Electronic Signature of Signing Officer or Director

Date