

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000110645

**FILED**  
**Mar 14, 2012**  
**Secretary of State**

**Entity Name:** DYSLEXIA & SPECIAL NEEDS SOLUTIONS, INC.

**Current Principal Place of Business:**

7924 SW 51 BLVD.  
GAINESVILLE, FL 32608 US

**New Principal Place of Business:**

7826 SW 37TH PLACE  
FALSE  
GAINESVILLE, FL 32608 US

**Current Mailing Address:**

7924 SW 51 BLVD.  
GAINESVILLE, FL 32608 US

**New Mailing Address:**

7826 SW 37TH PLACE  
FALSE  
GAINESVILLE, FL 32608 US

**FEI Number:** 11-3788547

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PYE, THOMAS G  
3909 W. NEWBERRY ROAD  
SUITE C  
GAINESVILLE, FL 32607 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/D  
Name: FISCHER, LORRAINE C  
Address: 7826 SW 37TH PLACE  
City-St-Zip: GAINESVILLE, FL 32608 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LORRAINE C. FISCHER

PRES

03/14/2012

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

\_\_\_\_\_ Date