

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000110645

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

**Current Principal Place of Business:**

7826 SW 37TH PLACE  
FALSE  
GAINESVILLE, FL 32608

**Current Mailing Address:**

7826 SW 37TH PLACE  
FALSE  
GAINESVILLE, FL 32608 US

**FEI Number: 11-3788547**

**Certificate of Status Desired: No**

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

PYE, THOMAS G  
3909 W. NEWBERRY ROAD  
SUITE C  
GAINESVILLE, FL 32607 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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P/D  
Name FISCHER, LORRAINE C  
Address 7826 SW 37TH PLACE  
City-State-Zip: GAINESVILLE FL 32608

*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**

**PRESIDENT**

**01/21/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date