

2015 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 FISCHER

PRESIDENT

04/13/2015

Electronic Signature of Signing Officer/Director Detail

Date