2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 14, 2008 8:00 am Secretary of State

ANNUAL R	REPORT	

1. Entity Name THE PINELLAS BRAILLE GROUP, INC.								02-14-2008	3 90028 0	33 ****61	.25
400 PASADENA AVE SOUTH 400 PASA TEMPLE BETH-EL TEMPLE B			Mailing Address 400 PASADENA AVE S TEMPLE BETH-EL SAINT PETERSBURG, F		7			SINS CIND HON GIND O	ION BURN ONEN SI	TII SIBII 81811 817	151 8 1 8 1 (18)
Principal Place of Business - No P.O. Box # 3. Ma		3. Mailing Address	. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		02122008	Chg-NP	CR2E0	37 (12/06)			
City & State		City & State			4. FEI Numbe 59-2261	809		No	oplied For ot Applicable		
Zip 		Country	Zip	Cou	intry			of Status Desired		\$8.75 Add Fee Require	
	6. Name	and Address of Current	Registered Agent		Nin		7. Name and	Address of New	Registered	Agent	
CIRCLE, N		Y BLVD SOUTH	. —	}	Name Street A	ddress (F	O. Box Numbe	r is Not Acceptab	le)		
7984 SAILBOAT KEY BLVD SOUTH SUITE 105 SOUTH PASADENA, FL 33707-6373											
					City				FL	Zip Cod	e
8. The above the obligat	named entitions of regist	y submits this statement fo tered agent.	r the purpose of changing its	registere	ed office or	register	ed agent, or both	n, in the State of F	lorida. I am	familiar with,	and accept
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if applicable. (NOT	E: Registered	Agent signat	ure required	when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2008											
		May 1, 2008	9. Election Car Trust Fund (_		\$5.00 May Bo Added to Fees	, ,		k payable t	
10.	Due by N		Trust Fund (_		Added to Fees	, ,	orida Depa	rtment of S	tate
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CIRCLE, I 7984 SAIL	May 1, 2008 OFFICERS AND DIR	Trust Fund (RECTORS Delete	11. TITLE NAME STREE	on.		Added to Fees	Flo	orida Depa	rtment of S	tate
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	P CIRCLE, I 7984 SAIL SOUTH P	MARY BOAT KEY BLVD SOLASADENA, FL 33707	Trust Fund (RECTORS Delete	11. TITLE NAME STREE CITY-	on.	A	Added to Fees	FIGURES TO OFFICE	erida Depa	TECTORS IN Change	tate
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12. Hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLEY A. FENWICK 2-12-08 727-865-1531