

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002141

FILED
Mar 01, 2006
Secretary of State

Entity Name: BRAILLE BIBLES INTERNATIONAL, INC.

Current Principal Place of Business:

1831 KINGBIRD LANE
LIBERTY, MO 64068

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 378
LIBERTY, MO 64069

New Mailing Address:

FEI Number: 43-1768327

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEEDS, CRAIG
609 MAYFAIR AVE.
ALTAMONTE SPRINGS, FL 32701 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: CPT () Delete
Name: LEEDS, CRAIG
Address: 609 MAYFAIR AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VD () Delete
Name: OWEN, RICHARD
Address: PO BOX 180895
City-St-Zip: CASSELBERRY, FL 32718

Title: DS () Delete
Name: ALLEE, MIKE
Address: 9030 NE 91ST TERRACE
City-St-Zip: KANSAS CITY, MO 64158

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRAIG A. LEEDS

CPT

03/01/2006

Electronic Signature of Signing Officer or Director

Date