

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002141

FILED
Feb 27, 2007
Secretary of State

Entity Name: BRAILLE BIBLES INTERNATIONAL, INC.

Current Principal Place of Business:

1597 NORTH MAITLAND AVENUE
MAITLAND, FL 32751

New Principal Place of Business:

1831 KINGBIRD LN
LIBERTY, MO 64068

Current Mailing Address:

P.O. BOX 948307
MAITLAND, FL 327948307

New Mailing Address:

PO BOX 378
LIBERTY, MO 64069

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
1597 NORTH MAITLAND AVENUE
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

RODRIGUEZ, ANN
815 GOLFVIEW ST
ORLANDO, FL 32804 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: ANN RODRIGUEZ

02/27/2007

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: CPT (X) Change () Addition
Name: LEEDS, CRAIG
Address: 3910 NE 79TH ST
City-St-Zip: KANSAS CITY, MO 64119

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

02/27/2007

Electronic Signature of Signing Officer or Director

Date