


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # F07000001602 1. Entity Name READING PAWS, INC.	
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Principal Place of Business 118 BEACON POINTE DRIVE OCOE, FL 34761	Mailing Address 118 BEACON POINTE DRIVE OCOE, FL 34761
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DO NOT WRITE IN THIS SPACE

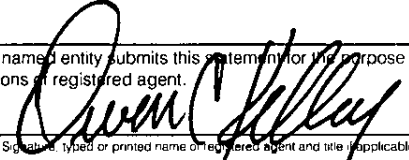


01062008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-5046774	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KELLEY, OWEN C 118 BEACON POINTE DRIVE OCOE, FL 34761

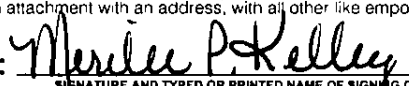
DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE  <small>Signature, typed or printed name of registered agent and title (if applicable)</small>	Owen C. Kelley <small>(NOTE: Registered Agent signature required when reinstating)</small>	1-28-08 <small>DATE</small>

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP KELLEY, MERILEE P 118 BEACON POINTE DRIVE OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVP KELLEY, OWEN C 118 BEACON POINTE DRIVE OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WRIGHT, LINDA K 1430 SOUTH ROADRUNNER LANE THATCHER, AZ 85552
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ADKISSON, DAVIS 6000 ROBERT E LEE DRIVE NASHVILLE, TN 37215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>000000808858 02/07/08-80065-006 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>

12. I hereby certify that the information supplied with this filing 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Merilee P. Kelley Chairman 1/28/08 <small>Date</small>

321-251-6001