2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2009
Secretary of State

DOCUMENT# F07000001602

Entity Name: READING PAWS, INC.

Current Principal Place of Business:

118 BEACON POINTE DRIVE
OCOEE, FL 34761

New Principal Place of Business:

Current Mailing Address:

118 BEACON POINTE DRIVE
OCOEE, FL 34761

New Mailing Address:

FEI Number: 20-5046774 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KELLEY, OWEN C
118 BEACON POINTE DRIVE
OCOEE, FL 34761 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: CP ( ) Delete
Name: KELLEY, MERILEE P
Address: 118 BEACON POINTE DRIVE
City-St-Zip: OCOEE, FL 34761

Title: VCVP ( ) Delete
Name: KELLEY, OWEN C
Address: 118 BEACON POINTE DRIVE
City-St-Zip: OCOEE, FL 34761

Title: TD ( ) Delete
Name: WRIGHT, LINDA K
Address: 1430 SOUTH ROADRUNNER LANE
City-St-Zip: THATCHER, AZ 85552

Title: SD ( ) Delete
Name: ADKISSON, DAVIS
Address: 6000 ROBERT E LEE DRIVE
City-St-Zip: NASHVILLE, TN 37215

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change ( ) Addition
Name: WRIGHT, LINDA K
Address: 6455 SOUTH NEWCASTLE WAY
City-St-Zip: AURORA, CO 80016

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

I hereby certify that the information supplied with this filing does not qualify 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: MERILEE P KELLEY CP 01/18/2009

Electronic Signature of Signing Officer or Director — Date