




# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90042 047 \*\*\*\*61.25

<b>DOCUMENT # N00000001742</b>					
<b>1. Entity Name</b> BIBLETALK INCORPORATED					
<b>Principal Place of Business</b> 2998 FAYSON CIRCLE DELTONA, FL 32738			<b>Mailing Address</b> 7512 DR. PHILLIPS BLVD. SUITE 50-877 ORLANDO, FL 32819		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0991871	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134			Name <b>MARK SWIATOSZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>629 SOUTH N. LAKE BLVD</b> <b>ALTAMONTE SPRINGS</b> City <b>FL</b> Zip Code <b>32701</b>		
<b>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.</b>					
SIGNATURE <b>MARK SWIATOSZ</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		 <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE <b>21 MAR 08</b>	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P	<b>NAME</b> FLANNAGIN, ALBERT J		<b>TITLE</b> D	<b>NAME</b> FLANNAGIN, ALBERT J	
<b>STREET ADDRESS</b> 1116 COBBLESTONE AVENUE	<b>CITY-ST-ZIP</b> DELTONA, FL 32725		<b>STREET ADDRESS</b> 1116 COBBLESTONE AVENUE	<b>CITY-ST-ZIP</b> DELTONA, FL 32725	
<b>TITLE</b> VP	<b>NAME</b> BRIGHT, BRUCE		<b>TITLE</b> D	<b>NAME</b> ROZZONI, PAMELA	
<b>STREET ADDRESS</b> 2998 FAYSON CIRCLE	<b>CITY-ST-ZIP</b> DELTONA, FL 32738		<b>STREET ADDRESS</b> 296 ALBERTS ROAD	<b>CITY-ST-ZIP</b> DRYDEN, NY 13053	
<b>TITLE</b> ST	<b>NAME</b> BRIGHT, MARGARET		<b>TITLE</b> D	<b>NAME</b> MCDANIEL, ALICE P.	
<b>STREET ADDRESS</b> 2998 FAYSON CIRCLE	<b>CITY-ST-ZIP</b> DELTONA, FL 32738		<b>STREET ADDRESS</b> 6336 BUFORD ST #604	<b>CITY-ST-ZIP</b> ORLANDO, FL 32835	
<b>TITLE</b> D	<b>NAME</b> SWIATOSZ, MARK		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 629 SOUTH N LK BLVD	<b>CITY-ST-ZIP</b> ALTAMONTE SPRINGS, FL 32701		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> D	<b>NAME</b> ROZZONI, ROBERTO		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 296 ALBERTS ROAD	<b>CITY-ST-ZIP</b> DRYDEN, NY 13053		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> D	<b>NAME</b> MCDANIEL, ALLEN W JR		<b>TITLE</b> P	<b>NAME</b> MCDANIEL, ALLEN W. JR	
<b>STREET ADDRESS</b> 6336 BUFORD STREET #604	<b>CITY-ST-ZIP</b> ORLANDO, FL 32835		<b>STREET ADDRESS</b> 6336 BUFORD STREET #604	<b>CITY-ST-ZIP</b> ORLANDO, FL 32835	
<b>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.</b>					
<b>SIGNATURE:</b> 			Date <b>04/04/08</b>		Daytime Phone # <b>407-417-3000</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					