2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Feb 21, 2008 08:00 AM DOCUMENT # N00000005534 Secretary of State 1. Entity Name BORN TO READ, INC. Principal Place of Business Mailing Address 145 GRANADA STREET 145 GRANADA ST HOLLY HILL, FL 32117 DAYTONA BEACH, FL 32117 02052008 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3698504 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STERLING, JOHN T DO NOT WRITE 145 GRANADA ST DAYTONA BEACH, FL 32117 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 (NOTE: Registered Agent aignature required when reinstating) \$5.00 May 8e 9. Election Campaign Financing Filing Fee is \$61.25 B000000834375 Trust Fund Contribution. Added to Fees Due by May 1, 2008 n2/28/08-80050-024 61.25 10. OFFICERS AND DIRECTORS TITLE n NAME STERLING, JOHN STREET ADDRESS 145 GRANADA ST CITY-ST-7P DAYTONA BEACH, FL 32117 VD TITLE MARE MOORE ANDREW STREET ADDRESS 729 LOOMIS AVE TITLE I CITY-ST-7/P DAYTONA BEACH, FL 32115 TITLE STERLING, JEAN STREET ADDRESS 145 GRANADA ST DO NOT WRITE CITY-ST-ZIP DAYTONA BEACH, FL 32117 IN THIS SPACE NAME WARNER, SHIRLEY STREET ADDRESS 226 ORMOND DR CITY-ST-ZP ORMOND BEACH, FL 32176 NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 affective my with an address, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MATURE AND TYPED OR PRINTED MARKE OF BIGGINGS OFFICER OR DIRECTOR

1-5-09

386-677-0722

FILED