2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# N01000001699

Entity Name: THE ROAD TO READING READINESS, INC.

Current Principal Place of Business:

1372 PINE RIDGE CIR E, BLDG 133-D2
TARPON SPRINGS, FL 34688

New Principal Place of Business:

1372 PINE RIDGE CIRCLE EAST
BLDG. 133-D2
TARPON SPRINGS, FL 34688 US

Current Mailing Address:

1372 PINE RIDGE CIR E
BLDG 133-D2
TARPON SPRINGS, FL 34688

New Mailing Address:

1372 PINE RIDGE CIRCLE EAST
BLDG 133-D2
TARPON SPRINGS, FL 34688 US

FEI Number: 31-1756705 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WILLIAMS, KAREN PAULA
1372 PINE RIDGE CIR E, BLDG 133-D-2
TARPON SPRINGS, FL 34688 US

Name and Address of New Registered Agent:

WILLIAMS, KAREN PAULA
1372 PINE RIDGE CIRCLE EAST
BLDG 133-D2
TARPON SPRINGS, FL 34688 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: KPW, RA 04/24/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	WILLIAMS, KAREN PAULA	
Address:	1372 PINE RIDGE CIR E, BLDG 133-D-2	
City-St-Zip:	TARPON SPRINGS, FL 34688	
Title:	DCEO	( ) Delete
Name:	WILLIAMS, JUSTINA COTTA C	
Address:	8333 SEMINOLE BLVD 514-C	
City-St-Zip:	SEMINOLE, FL 33772	
Title:	STD	( ) Delete
Name:	RIZVON, ZAHEERA S	
Address:	1372 PINE RIDGE CIR E, BLDG 133-D-2	
City-St-Zip:	TARPON SPRINGS, FL 34688	
Title:	DE	( ) Delete
Name:	MCMULLEN, DANIEL G	
Address:	4682 EBBTIDE LANE	
City-St-Zip:	PORT RICHEY, FL 346686484	
Title:	CPA	( ) Delete
Name:	GORDIMER, RICHARD	
Address:	INQUIRY TO SERVE; CO: CPA FIRM	
City-St-Zip:	TAMPA, FL 33607	
Title:	D	( ) Delete
Name:	DICKMAN, ANNE OR JERRO	
Address:	INQUIRY TO SERVE	
City-St-Zip:	CAROLWOOD, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: KPW KPW 04/24/2009
Electronic Signature of Signing Officer or Director Date