

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000232

FILED  
Mar 22, 2007  
Secretary of State

Entity Name: WE READ, INC.

## Current Principal Place of Business:

PO BOX 272486  
BOCA RATON, FL 33427

## New Principal Place of Business:

1150 NW 13 ST #160  
BOCA RATON, FL 33486

## Current Mailing Address:

PO BOX 272486  
BOCA RATON, FL 33427

## New Mailing Address:

FEI Number: 60-0002383      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PRUDEN, JAMES L ESQ  
980 NORTH FEDERAL HIGHWAY, SUITE 404  
BOCA RATON, FL 33432 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: PM ( ) Delete  
Name: PERLMAN, SAR  
Address: 1150 NW 13 STREET, SUITE 160  
City-St-Zip: BOCA RATON, FL 33486

Title: S ( ) Delete  
Name: THOMPSON, SHILO  
Address: P.O. BOX 272486  
City-St-Zip: BOCA RATON, FL 33427

Title: T ( ) Delete  
Name: NICKEL, RONALD F  
Address: P.O. BOX 272486  
City-St-Zip: BOCA RATON, FL 33427

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PM (X) Change ( ) Addition  
Name: PERLMAN, SAR  
Address: PO BOX 272486  
City-St-Zip: BOCA RATON, FL 33427

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 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: SAR PERLMAN

PM

03/22/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date