2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000232

Entity Name: WE READ, INC.

FILED Apr 29, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1150 NW 13 ST #160 305 PINE SHADOW WAY BOCA RATON, FL 33486 WELLINGTON, FL 33414

Current Mailing Address: New Mailing Address:

PO BOX 272486 305 PINE SHADOW WAY BOCA RATON, FL 33427 WELLINGTON, FL 33414

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PRUDEN, JAMES L ESQ 980 NORTH FEDERAL HIGHWAY, SUITE 404 BOCA RATON, FL 33432 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:

OFFICERS AND DIRECTORS:

Flectronic Signature of Registered Agent Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PM () Delete Title: PM (X) Change () Addition

 Name:
 PERLMAN, SAR
 Name:
 PERLMAN, SAR

 Address:
 PO BOX 272486
 Address:
 305 PINE SHADOW WAY

 City-St-Zip:
 BOCA RATON, FL 33427
 City-St-Zip:
 WEELINGTON, FL 33414

Title: S () Delete Title: S (X) Change () Addition

 Name:
 THOMPSON, SHILO
 Name:
 NATIV, LIVNA

 Address:
 P.O. BOX 272486
 Address:
 P.O. BOX 272486

 City-St-Zip:
 BOCA RATON, FL 33427
 City-St-Zip:
 BOCA RATON, FL 33427

Title: T () Delete Title: () Change () Addition

 Name:
 NICKEL, RONALD F
 Name:

 Address:
 P.O. BOX 272486
 Address:

 City-St-Zip:
 BOCA RATON, FL 33427
 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: SAR PERLMAN PM 04/29/2008