## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000000232

Address:

City-St-Zip:

P.O. BOX 272486

BOCA RATON, FL 33427

FILED Mar 16, 2009 Secretary of State

Entity Name: WE READ, INC. **Current Principal Place of Business: New Principal Place of Business:** 305 PINE SHADOW WAY WELLINGTON, FL 33414 **Current Mailing Address: New Mailing Address:** 305 PINE SHADOW WAY 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 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete PERLMAN, SAR Name: Name: Address: 305 PINE SHADOW WAY Address: City-St-Zip: WEELINGTON, FL 33414 City-St-Zip: Title: Title: () Delete () Change () Addition Name: NATIV, LIVNA Name: Address: P.O. BOX 272486 Address: City-St-Zip: BOCA RATON, FL 33427 City-St-Zip: Title: () Delete Title: () Change () Addition NICKEL, RONALD F Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: SAR PERLMAN PM 03/16/2009