


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000001945</b> 1. Entity Name C.A.R.E. TO READ, INC.	
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Principal Place of Business 6113 NORTH TROPICAL TRAIL MERRITT ISLAND, FL 32953	Mailing Address 6113 NORTH TROPICAL TRAIL MERRITT ISLAND, FL 32953
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01042007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  MURRAY, BARBARA A DR. 6113 NORTH TROPICAL TRAIL MERRITT ISLAND, FL 32953	<b>DO NOT WRITE IN THIS SPACE</b>
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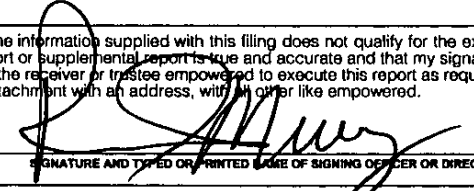
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>	<p>U000000582875 01/11/07-80049-017 61.25</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
TITLE PD NAME MURRAY, BARBARA A DR. STREET ADDRESS 6113 NORTH TROPICAL TRAIL CITY-ST-ZIP MERRITT ISLAND, FL 32953	
TITLE VPD NAME MURRAY, KENNETH T DR. STREET ADDRESS 6113 NORTH TROPICAL TRAIL CITY-ST-ZIP MERRITT ISLAND, FL 32953	
TITLE SD NAME GALLATIN, JENNIFER A STREET ADDRESS 4117 WEST SKYWAY CITY-ST-ZIP MUNCIE, IN 47303	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing 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 attachment with an address, with an other like empowered.

**SIGNATURE:**  **VPD** **1-9-06** **321-452-1623**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #