2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N02000002667

1. Entity Name
LITERACY INCREASE, INC.

FILED
05 MAY -2 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
203 N. FRANKLIN BLVD TALLAHASSEE, FL 32301	P.O. BOX 14774 TALLAHASSEE, FL 32317

04282005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 01-0663530 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ · **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DOVE, JOYCE S 203 NORTH FRANKLIN BLVD. TALLAHASSEE, FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

100054016731
05/06/05--01069--015 **61.25

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
#1 TITLE	PDC	☐ Delete	TITLE #5	D ☐ Change ☑ Addition
NAME	BOTHWELL, WILLIAM		NAME	LESTER, SAM
STREET ADDRESS	203 N. FRANKLIN BLVD		STREET ADDRESS	2626 MAHAN DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP	TALLAHASSEE, FL 32308
#4 TITLE	DT	☐ Delete	TITLE #6	D ☐ Change ☑ Addition
NAME	MAY, DON		NAME	SIMPSON, TINA
STREET ADDRESS	1511 KILLEARN CENTER BLVD.		STREET ADDRESS	2180 SYLVIA LANE
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP	WAYCROSS, GA 31503
TITLE	~~VP~~	☐ Delete	TITLE	D ☑ Change ☐ Addition
NAME	AVILA, RAPHAEL L		NAME	AVILA, RAPHAEL L.
STREET ADDRESS	243 NORTH MAGNOLIA DR.		STREET ADDRESS	2198 N.E. 163
CITY-ST-ZIP	TALLAHASSEEGE, FL 32301		CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162
TITLE	D	☑ Delete	TITLE #7	D ☐ Change ☑ Addition
NAME	BERGANTINO, JUDY		NAME	DARREL HARVEY
STREET ADDRESS	3100 IRONWOOD DR.A		STREET ADDRESS	2450 TIM GAMBLE PLACE
CITY-ST-ZIP	TALLAHASSEE, FL 32304		CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D	☐ Delete	TITLE #2	VP ☑ Change ☐ Addition
NAME	SIMON, FRED		NAME	SIMON FRED DR.
STREET ADDRESS	9230 EAGLES RIDGE DRIVE		STREET ADDRESS	9230 EAGLES RIDGE DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32312		CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE #3	D	☐ Delete	TITLE #3	S ☐ Change ☑ Addition
NAME	LEWIS, CHARLIE		NAME	EMILY KINSEY
STREET ADDRESS	515 W. BROAD ST.		STREET ADDRESS	2626 MAHAN DRIVE
CITY-ST-ZIP	THOMASVILLE, GA 31792		CITY-ST-ZIP	TALLAHASSEE, FL 32308

$18.75/2

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 all other like empowered.

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