2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002975

Name:

Address: City-St-Zip: WILLIAMS, CAROLYN

1556 GRADUATION LANE

MIDDLEBURG, FL 32068

Entity Name: I CAN READ FOUNDATION CORPORATION

FILED May 20, 2004 Secretary of State

Current P	rincipal Place of Business:	New Principal Place of Business:	
P.O BOX 8 FLEMING	3030 INSLAND, FL 32006		
Current Mailing Address:		New Mailing Address:	
P.O BOX 8 FLEMING	3030 INSLAND, FL 32006		
FEI Number	: FEI Number Applied For ()	FEI Number Not Applicable (X)	Certificate of Status Desired ()
Name and	Address of Current Registered Agent:	Name and Address of	of New Registered Agent:
2120 PON	., SWEETY E CEO D SPRING WAY PARK, FL 32003 US		
	e named entity submits this statement for the e of Florida.	e purpose of changing its registere	d office or registered agent, or both,
SIGNATUI	RE:		
	Electronic Signature of Registered A	\gent	Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	D () Delete LIPPUS, WILLIAM 2060 BRICKYARD ROAD MIDDLEBURG, FL 32068	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () Delete JOHNSON, JUANITA 6659 ENGLISH MEADOWS CT. ORANGE PARK, FL 32073	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () Delete MURRETIA, ROSEWANTA 2317 QUAIL PAW MIDDLEBURG, FL 32068	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () Delete MURRAY, CHRISTAIN 4553 JUNCTION RD. MIDDLEBURG, FL 32068	Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	D () Delete	Title:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: SWEETY ELAINE DENEGAL CEO 05/20/2004