## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000003579

SEYMORE, MARY

ORLANDO, FL 32802

5405 CANTERBURY AVENUE

Name:

Address:

City-St-Zip:

Entity Name: VILLAGE DEADEDS INC

FILED Jun 05, 2006 Secretary of State

Entity Name: VILLAGE READERS, INC. **Current Principal Place of Business: New Principal Place of Business:** 117 HUGHES AVENUE SANFORD, FL 32771 **Current Mailing Address: New Mailing Address:** 117 HUGHES AVENUE SANFORD, FL 32771 FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MARTIN, CLARITHA 117 HUGHES AVENUE US SANFORD, FL 32771 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 MARTIN, CLARITHA Name: Name: 117 HUGHES AVENUE Address: Address: City-St-Zip: SANFORD, FL 32771 City-St-Zip: Title: VD () Delete Title: () Change () Addition ROBINSON, SONGY Name: Name: Address: 343 TAMPA STREET Address: City-St-Zip: TAMPA, FL 32556 City-St-Zip: Title: () Delete Title: () Change () Addition PETERSON, SUSIN Name: Name: 5401 FLOWER STREET Address: Address: City-St-Zip: DELAND, FL 34567 City-St-Zip: Title: TD ( ) Delete Title: () Change () Addition Name: BAKER, TERESA Name: Address: 2181 20TH STREET Address: City-St-Zip: SANFORD, FL 32771 City-St-Zip: Title: Title: () Delete () Change () Addition

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

Name:

Address:

City-St-Zip:

SIGNATURE: CLARITHA MARTIN PD 06/05/2006