## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0400000682

Name:

Address:

City-St-Zip:

Entity Name: THE WRITE SIDE POETS, INC.

FILED Apr 15, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 431 SW 113TH WAY PEMBROKE PINES, FL 33025 **Current Mailing Address: New Mailing Address:** 431 SW 113TH WAY PEMBROKE PINES, FL 33025 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DOMINGUEZ, RAYMOND 431 SW 113TH WAY PEMBROKE PINES, FL 33025 US 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 DOMINGUEZ, RAYMOND Name: Name: Address: 431 SW 113TH WAY Address: City-St-Zip: PEMBROKE PINES, FL 33025 City-St-Zip: Title: Title: ( ) Change (X) Addition ( ) Delete ROBINSON, NADINE Name: Name: Address: Address: 1128 NW 79TH DRIVE City-St-Zip: City-St-Zip: PLANTATION, FL 33322 Title: () Delete Title: ( ) Change (X) Addition GARCIA, LISA Name: Name: 661 NW 170TH TERR. Address: Address: City-St-Zip: City-St-Zip: PEMBROKE PINE, FL 33028 ( ) Change (X) Addition Title: () Delete Title: Name: Name: TYLER, ALLAN 7925 COLONY CIRCLE Address: Address: City-St-Zip: City-St-Zip: TAMARAC, FL 33321 Title: () Delete Title: ( ) Change (X) 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:

PERLOWSKI, JULIA

BOCA RATON, FL 33496

9118A BOCA GARDEN PARKWAY

SIGNATURE: RAYMOND DOMINGUEZ Ρ 04/15/2007