2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011665

Entity Name: RUNAWAY WITH WORDS, INC.

FILED Jan 15, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: DEPARTMENT OF ENGLISH FLORIDA STATE UNIVERSITY TALLAHASSEE, FL 32306 **Current Mailing Address: New Mailing Address:** 3682 BILTMORE AVENUE TALLAHASSEE, FL 32311 FEI Number: 76-0727880 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GARDNER, JOANN CHAIR 3682 BILTMORE AVE TALLAHASSEE, FL 32311 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 GARDNER, JOANN CHAIR Name: Name: 3682 BILTMORE AVE Address: Address: City-St-Zip: TALLAHASSEE, FL 32311 City-St-Zip: Title: () Delete Title: () Change () Addition CAMPBELL, RICK VC Name: Name: Address: 444 WINDING CREEK RD Address: City-St-Zip: QUINCY, FL 32351 City-St-Zip: Title: MRS. () Delete Title: () Change () Addition WHITEHEAD, RAMONA DIR Name: Name: Address: 3402 ONTARIO RD Address: City-St-Zip: MARIANNA, FL 32448 City-St-Zip: Title: MS. () Delete Title: () Change () Addition Name: NEFF, CARISSA PRES Name: Address: 1263 LOVERS CT Address: City-St-Zip: TALLAHASSEE, FL 32317 City-St-Zip: Title: () Delete Title: () Change () Addition KING, CINDY VP Name: Name: 316 CHERRY STREET Address: Address: City-St-Zip: AUBURN, AL 36830 City-St-Zip: Title: () Delete Title: (X) Change () Addition HANSEN, ZAC SEC. WROZYNSKI, DOMINIKA SEC. Name: Name: Address: 159-11 HERLONG DRIVE Address: 2039 NORTH MERIDIAN RD. APT. #111 TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32310 City-St-Zip: City-St-Zip:

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.

SIGNATURE: JOANN GARDNER DR. 01/15/2007