2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003476

City-St-Zip: FT LAUDERDALE, FL 33063 US

FILED Sep 03, 2008 Secretary of State

DOCUMENT# N00000003476		Secre	Secretary of State	
Entity Nar	me: LITERATE FOR LIFE, INC.			
Current Principal Place of Business:		New Principal Place of Business:	New Principal Place of Business:	
1745 NW 1 MIAMI, FL	187 TERRACE 33056 US			
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
1745 NW 1 MIAMI, FL	187 TERRACE 33056 US			
FEI Number:	76-0824160 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the corporation did no	FEI Number Not Applicable () Certificate of receive the prior notice.	Status Desired ()	
	Address of Current Registered Agent:	Name and Address of New Register	ed Agent:	
	W, MICHELLE 187 TERRACE 33056 US			
	named entity submits this statement for the pe of Florida.	rpose of changing its registered office or regist	ered agent, or both,	
SIGNATUR	RE:			
	Electronic Signature of Registered Age	nt Date		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICER	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delete LANGSHAW, MICHELLE 1745 NW 187TH TERRACE MIAMI, FL 33056 US	Title: () Change () Adı Name: Address: City-St-Zip:	dition	
Title: Name: Address: City-St-Zip:	VD () Delete LANG, WALTER III 8362 PINES BLVD., SUITE 239 PEMBROKE PINES, FL 33024 US	Title: STD (X) Change () Ad Name: SHIRLEY, JASON Address: 3370 BANKS ROAD #107 City-St-Zip: FT LAUDERDALE, FL 33063 U		
Title: Name: Address:	STD (X) Delete SHIRLEY, JASON 3370 BANKS ROAD #107	Title: () Change () Add Name: Address:	dition	

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

City-St-Zip:

SIGNATURE: MICHELLE LANGSHAW PD 09/03/2008