2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41284

Entity Name: LEARN TO READ, INC.

FILED Apr 04, 2008 Secretary of State

Entity Name: LEARN TO READ, INC.						
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
2747 ART MUSEUM DRIVE #100 JACKSONVILLE, FL 32207 US						
Current Mailing Address:			New Maili	New Mailing Address:		
2747 ART MUSEUM DRIVE #100 JACKSONVILLE, FL 32207 US						
FEI Number: 23-7153919 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:		
COREY, HEATHER R ED 2747 ART MUSEUM DRIVE #100 JACKSONVILLE, FL 32207 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:			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PP/D () I MEIDE, MOSES 817 NORTH MAII JACKSONVILLE,		Title: Name: Address: City-St-Zip:	S/D (X) Change () Addition O'NEILL, JENNIFER 1 RIVERSIDE AVENUE JACKSONVILLE, FL 32202		
Title: Name: Address: City-St-Zip:	S/D ()[LOUGHREY, SHI 100 WEST BAY: JACKSONVILLE,	STREET #600	Title: Name: Address: City-St-Zip:	VP/D (X) Change () Addition LOUGHREY, SHELLEY 100 WEST BAY STREET #600 JACKSONVILLE, FL 32202 US		
Title: Name: Address: City-St-Zip:	VP/D () [MARTIN, MARGO 2472 BLUFFTON JACKSONVILLE,	DR. W.	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VP/D () [WHEELER, KIM 21 WEST CHURG JACKSONVILLE,	*	Title: Name: Address: City-St-Zip:	P/D (X) Change () Addition WHEELER, KIM 21 WEST CHURCH STREET, T-7 JACKSONVILLE, FL 32202 US		
Title: Name: Address: City-St-Zip:	P/D () I POPE, JULIE 1809 ELIZABETH JACKSONVILLE,		Title: Name: Address: City-St-Zip:	PP/D (X) Change () Addition POPE, JULIE 1809 ELIZABETH PLACE JACKSONVILLE, FL 32205 US		
Title: Name: Address: City-St-Zip:	T/D () [HARVEY, CORKI 1 INDEPENDENT JACKSONVILLE,	DRIVE #1100	Title: Name: Address: City-St-Zip:	() Change () Addition		

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.

SIGNATURE: HEATHER R. COREY ED 04/04/2008