2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001641

Apr 24, 2007 Secretary of State

Entity Name: WORLD LITERACY CRUSADE OF FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

6015 NW 7 AVE 6015 NW 7TH AVENUE MIAMI, FL 33127 MIAMI, FL 33127 US

Current Mailing Address: New Mailing Address:

6015 NW 7TH AVENUE MIAMI, FL 33127

FEI Number: 65-0737649 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CAMPBELL, THEMA CAMPBELL, THEMA 7910 W. DRIVE #305 7910 W. DRIVE. #305 N BAY VILLAGE, FL 33141 N. BAY VILLAGÉ, FL 33141 US 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: THEMA CAMPBELL 04/24/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete CAMPBELL, THEMA CAMPBELL, THEMA Name: Name: Address:

7910 W DRIVE #305 Address: 7910 W DRIVE, #305 City-St-Zip: N BAY VILLAGE, FL 33141 City-St-Zip: N. BAY VILLAGE, FL 33141

Title: () Delete Title: (X) Change () Addition Name: KROPKE, CHARLES Name: DARLING, GERALD CHIEF

Address: 1825 PONCE DE LEON BLVD. #369 Address: 6100 NW 2ND AVENUE City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: MIAMI, FL 33127

Title: DS () Delete Title: (X) Change () Addition FABER, ROBIN DOZIER, CORNELIA Name: Name:

3300 NW 27 AVENUE 12330 SW 148 TERRACE Address: Address: City-St-Zip: MIAMI, FL 33142 City-St-Zip: MIAMI, FL 33186

Title: () Delete Title: (X) Change () Addition

Name: JAMIESON, CARLOS Name: ANDREA, THOMPSON Address: 1800 SW 112 TERR. Address: 503 12TH ST., UNIT 4 City-St-Zip: MIRAMAR, FL 33025 City-St-Zip: MIAMI BEACH, FL 33139

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: THEMA CAMPBELL D 04/24/2007