

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED  
Mar 18, 2005 8:00 am  
Secretary of State**

03-18-2005 90066 041 \*\*\*150.00

<b>DOCUMENT #</b> <u>P202000022904</u>	
<b>1. Entity Name</b>	
READINGKEY INC	

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 1564 WELTER ST		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> PALM BAY, FL		<b>City &amp; State</b>	
<b>Zip</b> 32909	<b>Country</b>	<b>Zip</b>	<b>Country</b>

**20022660**

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	<b>4. FEI Number</b> 90-0171221		<b>Applied For</b>
			<b>Not Applicable</b>
	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
	<b>7. Name and Address of Current Registered Agent</b>		
	<b>Name</b> RICHARD PRESSINGER <b>Street Address (P.O. Box Number is Not Acceptable)</b> 1564 WELTER ST  <b>City</b> <span style="float:right"><b>FL</b></span> <b>Zip Code</b> PALM BAY <span style="float:right">32909</span>		

**8. 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. I am familiar with and accept the obligations of registered agent.**

**SIGNATURE** *Richard Pressinger* **RICHARD PRESSINGER**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution:

<b>10. OFFICERS AND DIRECTORS</b>		<b>11.</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT RICHARD PRESSINGER 1564 WELTER ST PALM BAY FL 32909	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	TREASURER SUZANNE PRESSINGER 1564 WELTER ST PALM BAY FL 32909	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Richard Pressinger* **RICHARD PRESSINGER** 3/12/05 **(321) 952-0221**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #