

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000103615

**FILED**  
**Jan 12, 2012**  
**Secretary of State**

**Entity Name:** DYSLEXIA RESEARCH CENTER USA, INC.

**Current Principal Place of Business:**

442 S TAMAIMI TRAIL  
OSPREY, FL 34229

**New Principal Place of Business:**

**Current Mailing Address:**

442 S TAMAIMI TRAIL  
OSPREY, FL 34229

**New Mailing Address:**

**FEI Number:** 26-1108776

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CONKLIN, THOMAS R  
442 S TAMIAMI TRAIL  
OSPREY, FL 34229 US

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

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:**

Title: PD  
Name: KOPP-DULLER, ASTRID DR  
Address: 442 S TAMIAMI TRAIL  
City-St-Zip: OSPREY, FL 34229

Title: TD  
Name: ENGEL, MARIO  
Address: 442 S TAMIAMI TRAIL  
City-St-Zip: OSPREY, FL 34229

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARIO ENGEL

TD

01/12/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date