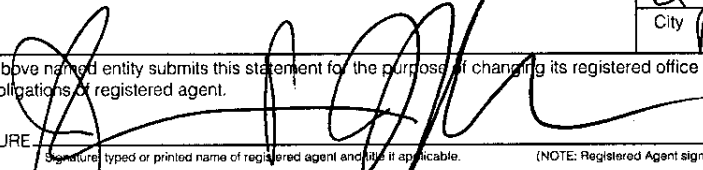
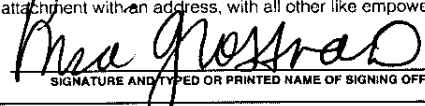


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90337 020 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                            |     |                                                                                                                                                                                                                    |                                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P03000040214</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                            |     |                                                                                                                                                                                                                    |  |  |
| 1. Entity Name<br><b>PROFESSIONAL SPEECH ASSOCIATES, INCORPORATED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                            |     |                                                                                                                                                                                                                    |                                                                                   |  |
| Principal Place of Business<br><b>4675 UNIVERSITY DRIVE<br/>CORAL SPRINGS, FL 33067 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                            |     | Mailing Address<br><b>4675 UNIVERSITY DRIVE<br/>CORAL SPRINGS, FL 33067 US</b>                                                                                                                                     |                                                                                   |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                            |     | 3. Mailing Address                                                                                                                                                                                                 |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                            |     | Suite, Apt. #, etc.                                                                                                                                                                                                |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                            |     | City & State                                                                                                                                                                                                       |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                                                    | Zip | Country                                                                                                                                                                                                            | 4. FEI Number <b>04-3750934</b>                                                   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                            |     |                                                                                                                                                                                                                    | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 6. Name and Address of Current Registered Agent<br><b>LAW OFFICES OF ANGELA BUCCI WEEKES<br/>ONE EAST BROWARD BOULEVARD<br/>SUITE 609<br/>FT. LAUDERDALE, FL 33301</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                            |     | 7. Name and Address of New Registered Agent<br>Name <b>MILLER, JOHN P.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2499 OLADES RD #305A</b><br>City <b>BOCA RATON</b> FL Zip Code <b>33431</b> |                                                                                   |  |
| 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.<br>SIGNATURE  (NOTE: Registered Agent signature required when reinstating)<br>DATE <b>2/27/04</b>                                                                                                                                                                                                                                 |                                                                                                            |     |                                                                                                                                                                                                                    |                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                            |     | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                                                |                                                                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                            |     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                              |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PRES<br>GROSSMAN, LISA<br>4675 UNIVERSITY DRIVE<br>CORAL SPRINGS, FL 33067 <input type="checkbox"/> Delete |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TRES<br>ARNOLD, SUSAN<br>4675 UNIVERSITY DRIVE<br>CORAL SPRINGS, FL 33067 <input type="checkbox"/> Delete  |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SECY<br>GROSSMAN, LISA<br>4675 UNIVERSITY DRIVE<br>CORAL SPRINGS, FL 33067 <input type="checkbox"/> Delete |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VP<br>ARNOLD, SUSAN<br>4675 UNIVERSITY DRIVE<br>CORAL SPRINGS, FL 33067 <input type="checkbox"/> Delete    |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                            |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                            |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| 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 Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                                                            |     |                                                                                                                                                                                                                    |                                                                                   |  |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                            |     | Date <b>4-15-04</b> (954) 227-8255                                                                                                                                                                                 |                                                                                   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                            |     | Daytime Phone #                                                                                                                                                                                                    |                                                                                   |  |

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02272004 Chg-P CR2E034 (10/03)