2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000083554

FILED Apr 30, 2008 Secretary of State

Entity Name: BI-LINGUA THERAPY SERVICES, INC. **Current Principal Place of Business: New Principal Place of Business:** 3418 FORREST DRIVE HOLLYWOOD, FL 33021 **Current Mailing Address: New Mailing Address:** 3418 FORREST DRIVE HOLLYWOOD, FL 33021 FEI Number: 20-5064094 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: RESTREPO, SANTIAGO 3418 FORRÉST DRIVE HOLLYWOOD, FL 33021 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete Title: (X) Change () Addition RAMIREZ, DIANA M RAMIREZ, DIANA M Name: 3418 FORREST DRIVE 3418 FORREST DRIVE Address:

Title: Name: Address: HOLLYWOOD, FL 33021 City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip:

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

RESTREPO, SANTIAGO Name: Name: RESTREPO, SANTIAGO 3418 FORREST DRIVE 3418 FORREST DRIVE Address: Address: HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 City-St-Zip: City-St-Zip:

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

Ρ SIGNATURE: SANTIAGO RESTREPO 04/30/2008