



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2006 08:00 AM
Secretary of State

DOCUMENT # F98808		
1. Entity Name KENDALL SPEECH AND LANGUAGE CENTER, INC.		
Principal Place of Business % WENDY J. NOTTOLI 10725 SW 104 ST MIAMI, FL 33176		Mailing Address % WENDY J. NOTTOLI 10725 SW 104 ST MIAMI, FL 33176
DO NOT WRITE IN THIS SPACE		
		 01302006 No Chg-P CR2E034 (11/05)
4. FEI Number 69-2225402		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent NOTTOLI, WENDY J 10725 SW 104 ST MIAMI, FL 33176		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		U000000434305 02/24/06-80058-012 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVT NOTTOLI, WENDY 10725 SW 104 ST MIAMI, FL 33176	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Wendy Nottoli</u> 1-21-06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		