

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F01000Q05214**

1. Entity Name  
**SIGN LANGUAGE ASSOCIATES, INC.**



Principal Place of Business  
**11002 VEIRS MILL ROAD  
SUITE 506  
SILVER SPRING, MD 20902**

Mailing Address  
**11002 VEIRS MILL ROAD  
SUITE 506  
SILVER SPRING, MD 20902**



01042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**52-1267212**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**GAGAIN III, EDWARD F  
101 E. KENNEDY BOULEVARD  
SUITE 1100  
TAMPA, FL 33602**

**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

*Signature, typed or printed name of registered agent and title if applicable.*

(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. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	BAILEY, JANET L
STREET ADDRESS	1600 N. OAK STREET, #1525
CITY-ST-ZIP	ARLINGTON, VA 22209
TITLE	S
NAME	CARR, MARY
STREET ADDRESS	5778 FIRST LANDING WAY
CITY-ST-ZIP	BURKE, VA 22015
TITLE	D
NAME	STONE, KAREN
STREET ADDRESS	8024 E. BOULEVARD DRIVE
CITY-ST-ZIP	ALEXANDRIA, VA 22308
TITLE	D
NAME	GAGAIN III, EDWARD F
STREET ADDRESS	5116 WHISPERING LEAF TRAIL
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	D
NAME	BAILEY, SUE
STREET ADDRESS	7101 GLENBROOK ROAD
CITY-ST-ZIP	BETHESDA, MD 20814
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000387257  
01/19/06-80031-012 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 1 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/06 301 946 9710  
Date Daytime Phone #