


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # F01000005214	
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
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DO NOT WRITE IN THIS SPACE



01302007 No Chg-P CR2E034 (11/05)

4. FEI Number 52-1267212	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000522923 02/13/07-80043-019 150.00
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10. OFFICERS AND DIRECTORS

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

**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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Janet L. Bailey* Janet L. Bailey 2/2/07 301 946 9710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #