2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005214

Entity Name: SIGN LANGUAGE ASSOCIATES, INC.

FILED Jun 07, 2009 Secretary of State

Current Principal Place of Business:		New Princi	New Principal Place of Business:		
	ARIN DRIVE, S				
Current Mailing Address:			New Mailir	New Mailing Address:	
773 SAN M NOVATO, C	ARIN DRIVE, S CA 94945	SUITE 2210			
FEI Number:	52-1267212	FEI Number Applied For()	FEI Number Not Appli	icable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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					
SIGNATUR		Signature of Registered Agent		 Date	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () I BAILEY, JANET 1600 N. OAK ST ARLINGTON, VA	REET, #1525	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	T () I AMSTERDAM, M 1103 REGAL OA SILVER SPRING	K DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () I STONE, KAREN 8024 E. BOULEN ALEXANDRIA, VA		Title: Name: Address: City-St-Zip:	S (X) Change () Addition PENDERGAST, MICHAEL 773 SAN MARIN DRIVE, SUITE 2210 NOVATO, CA 94945	
Title: Name: Address: City-St-Zip:	D () I GAGAIN III, EDW 5116 WHISPERI VALRICO, FL 33	NG LEAF TRAIL	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition REGINELLI, EDWARD 773 SAN MARIN DRIVE, SUITE 2210 NOVATO, CA 94945	
Title: Name: Address: City-St-Zip:	D (X) BAILEY, SUE 7101 GLENBRO BETHESDA, MD		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	S (X) OWEN, JANA 3718 PARKWOO BRENTWOOD, M		Title: Name: Address: City-St-Zip:	() Change () Addition	

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.

SIGNATURE: MICHAEL PENDERGAST S 06/07/2009