2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008
Secretary of State

DOCUMENT# F06000000801

Entity Name: COBB PEDIATRIC SPEECH SERVICES, INC.

Current Principal Place of Business:

3104 CREEKSIDE VILLAGE DR
SUITE 404
KENNESAW, GA 30144

New Principal Place of Business:

Current Mailing Address:

3104 CREEKSIDE VILLAGE DR
SUITE 404
KENNESAW, GA 30144

New Mailing Address:

FEI Number: 58-2083081 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete
Name: WILDER, JUNE
Address: 3104 CREEKSIDE VILLAGE DR., 404
City-St-Zip: KENNESAW, GA 30144

Title: DCOO ( ) Delete
Name: NORRIS, MARK
Address: 3104 CREEKSIDE VILLAGE DR., 404
City-St-Zip: KENNESAW, GA 30144

Title: SD ( ) Delete
Name: FRITCHMAN, AMY
Address: 3104 CREEKSIDE VILLAGE DR., 404
City-St-Zip: KENNESAW, GA 30144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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.

SIGNATURE: MARK NORRIS DCOO 03/28/2008

Electronic Signature of Signing Officer or Director Date