

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K64150

FILED
Apr 14, 2009
Secretary of State

Entity Name: SPEAK-EASY: RETURNING TO OUR ROOTS, INC.

Current Principal Place of Business:

5018 S W 168TH AVENUE
MIRAMAR, FL 33027

New Principal Place of Business:

Current Mailing Address:

5018 SW 168TH AVENUE
MIRAMAR, FL 33027

New Mailing Address:

FEI Number: 65-0096448

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEASLEY, MARY
5018 SW 168 AVE
MIRAMAR, FL 33027 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: PTS () Delete
Name: BEASLEY, MARY A
Address: 5018 SW 168 AVE
City-St-Zip: MIRAMAR, FL 33027

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BEASLEY, MARY A
Address: 5018 SW 168 AVE
City-St-Zip: MIRAMAR, FL 33027

Title: CEO () Change (X) Addition
Name: MARTIN, DAMON L
Address: 13047 S W 21 STREET
City-St-Zip: MIRAMAR, FL 33027

Title: TSD () Change (X) Addition
Name: MARTIN, LORI G
Address: 13047 S W 21 STREET
City-St-Zip: MIRAMAR, FL 33027

Title: D () Change (X) Addition
Name: GILBERT, JANICE R
Address: 20883 N W 19 STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: COO () Change (X) Addition
Name: GILBERT II, ALONZO B
Address: 2210 N W 192 TERRACE
City-St-Zip: MIAMI GARDENS, FL 33056

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: MARY BEASLEY

P

04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date