

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001823

FILED
Feb 18, 2005
Secretary of State

Entity Name: SPEAKING HANDS, INCORPORATED

Current Principal Place of Business:

127 N. STATE ROAD 7
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

127 N. STATE ROAD 7
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 65-0570357

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARRETT, CLAUDETTE
2561 56 AVE NE
NAPLES, FL 34120 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

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: BARRETT, CLAUDETTE
Address: 2561 56 AVE NE
City-St-Zip: NAPLES, FL 34120

Title: VP () Delete
Name: FLINTROY, ROBERT
Address: 2561 56 AVE NE
City-St-Zip: NAPLES, FL 34120

Title: VP () Delete
Name: DODD, ANDRE
Address: 7471 SE JAMESTOWN
City-St-Zip: HOBE SOUND, FL 33455

Title: VP () Delete
Name: DODD, JON CARLO
Address: 1644 40TH ST
City-St-Zip: WEST PALM BEACH, FL 33407

Title: TREA () Delete
Name: RENNIE, KEDESHA
Address: 7471 SE JAMESTOWN
City-St-Zip: HOBE SOUND, FL 33455

Title: SEC () Delete
Name: STANBURY, LESLIE
Address: 10410 NW 31 COURT
City-St-Zip: SUNRISE, FL 33351

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:

Title: () Change () Addition
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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 for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDETTE BARRETT

PRES

02/18/2005

Electronic Signature of Signing Officer or Director

Date