

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001823

FILED  
Feb 04, 2008  
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: WRIGHT, IRIS  
Address: 1644 40TH ST  
City-St-Zip: WPB, FL 33407

Title: SEC ( ) Delete  
Name: TURNER, CORRINNE  
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  
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT FLINTROY

VP

02/04/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date