



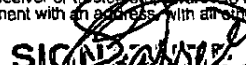
# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 SEP -8 PM 3:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0014912

<b>DOCUMENT # N98000001823</b>					
1. Entity Name <b>SPEAKING HANDS, INCORPORATED</b>					
Principal Place of Business <b>2561 56 AVE NE NAPLES FL 34120</b>			Mailing Address <b>2561 56 AVE NE NAPLES FL 34120</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>65-0570357</b>	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BARRETT, CLAUDETTE 2561 56 AVE NE NAPLES FL 34120</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  (NOTE: Registered Agent Signature required when reinstating) DATE <b>Aug 12<sup>th</sup> 03</b>					
<b>FILE NOW: FEE IS \$61.25</b> After September 10, 2003, min will be \$236.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	NAME	STREET ADDRESS	TITLE	NAME	STREET ADDRESS
	<b>BARRETT, CLAUDETTE</b>	<b>2561 56 AVE NE NAPLES FL 34120</b>			
	<b>FLINTROY, ROBERT</b>	<b>2561 56 AVE NE NAPLES FL 34120</b>			
	<b>DODD, ANDRE</b>	<b>1844 40TH ST WEST PALM BEACH FL 33407</b>			
	<b>DODD, JON CARLO</b>	<b>1844 40TH ST WEST PALM BEACH FL 33407</b>			
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE:  <b>SIGNATURE REQUIRED</b> <b>Aug 12<sup>th</sup> 03</b> <b>305 970-0054</b>					
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E037 (4/03)