

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90034 026 ***150.00

DOCUMENT # p00000098900
1. Entity Name
THE SPEECH THERAPY CLOSET INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 450-106 SR 13 NORTH #135	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State JACKSONVILLE, FL	City & State
Zip 32259	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3676679	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent	
Name HAISLIP, GEORGE D.	
Street Address (P.O. Box Number is Not Acceptable) 5213 BASCO CT.	
City ELKTON	FL Zip Code 32033

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

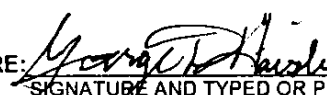
January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAISLIP, GEORGE D. 5213 BASCO CT. ELKTON, FL 32033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAISLIP, CHRISTINA L. 450-106 SR 13 NORTH #135 JACKSONVILLE, FL 32259
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: 	GEORGE D. HAISLIP	3/22/07	904 233-4552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #