

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000106057

FILED  
Apr 28, 2004  
Secretary of State

Entity Name: BEYOND SPEECH THERAPY, INC.

## Current Principal Place of Business:

4400 NORTH FEDERAL HWY  
SUITE 210  
BOCA RATON, FL 33431 US

## New Principal Place of Business:

## Current Mailing Address:

4400 NORTH FEDERAL HWY  
SUITE 210  
BOCA RATON, FL 33431 US

## New Mailing Address:

FEI Number: 65-1072143

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROBERTS, MICHAELANNE  
2742 NW 28TH ST  
BOCA RATON, FL 33434

## 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: PSD ( ) Delete  
Name: ROBERTS, MICHAELANNE  
Address: 2742 NW 28TH ST  
City-St-Zip: BOCA RATON, FL 33434

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAELANNE ROBERTS

PRES

04/28/2004

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

\_\_\_\_\_  
Date