# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 08, 2005**
**Secretary of State**

DOCUMENT# P00000108998

**Entity Name:** TRAINOR PEDIATRIC SPEECH AND LANGUAGE THERAPY, INC.

**Current Principal Place of Business:**

5381 NW MILNER DR
PORT ST LUCIE, FL 34983

**New Principal Place of Business:**

**Current Mailing Address:**

5381 NW MILNER DR
PORT ST LUCIE, FL 34983

**New Mailing Address:**

**FEI Number: 65-1057779** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TRAINOR, ADRIENNE
424 SE SEABREEZE LANE
PORT ST LUCIE, FL 34983 US

**Name and Address of New Registered Agent:**

TRAINOR, ADRIENNE
5381 NW MILNER DR.
PORT ST LUCIE, FL 34983 US

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: 04/08/2005
Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PVTD ( ) Delete
Name: TRAINOR, ADRIENNE
Address: 424 SE SEABREEZE LANE
City-St-Zip: PORT ST LUCIE, FL 34983

Title: S ( ) Delete
Name: TRAINOR, MICHAEL
Address: 424 SE SEABREEZE LANE
City-St-Zip: PORT ST LUCIE, FL 34983

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PVTD (X) Change ( ) Addition
Name: TRAINOR, ADRIENNE
Address: 5381 NW MILNER DR.
City-St-Zip: PORT ST LUCIE, FL 34983

Title: S (X) Change ( ) Addition
Name: TRAINOR, MICHAEL
Address: 5381 NW MILNER DR.
City-St-Zip: PORT ST LUCIE, FL 34983

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: ADRIENNE TRAINOR PRES 04/08/2005
Electronic Signature of Signing Officer or Director — Date