

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90080 049 \*\*\*150.00

DOCUMENT # P01000100882  
1. Entity Name  
SPEAKING FOR YOU, INC.

Principal Place of Business	Mailing Address
11121 HARBOUR SPRINGS CIRCLE	11121 HARBOUR SPRINGS CIRCLE
BOCA RATON FL 33428	BOCA RATON FL 33428

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. # etc
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-1147945	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent	
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PEARLMAN NEASE, MARIAN  
2500 NORTH MILITARY TRAIL  
SUITE 480  
BOCA RATON FL 33431

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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.

SIGNATURE \_\_\_\_\_

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

DATE \_\_\_\_\_

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/></p>	<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2002 Fee will be \$550.00</b>  <b>Make Check Payable to Department of State</b></p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <b>D</b> <b>NORTON, NANCY ANN</b> <b>11121 HARBOUR SPRINGS CIRCLE</b> <b>BOCA RATON FL 33428</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (9/01)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy Ann Norton NANCY ANN NORTON 3/25/02 561-997-  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 7711