2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2011
Secretary of State

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Entity Name: DECIRME SPEECH-LANGUAGE THERAPY, INC.

Current Principal Place of Business:

3110 EAST POWHATAN AVE
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 310647
TAMPA, FL 33680 US

New Mailing Address:

FEI Number: 04-3605307 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MUTCHERSON, DESIREE D
3110 EAST POWHATAN AVE
TAMPA, FL 33610 US

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

OFFICERS AND DIRECTORS:

Title: PCEO
Name: MUTCHERSON, DESIREE
Address: 3110 EAST POWHATAN AVE
City-St-Zip: TAMPA, FL 33610

Title: D
Name: MUTCHERSON, DESIREE
Address: 3110 EAST POWHATAN AVE
City-St-Zip: TAMPA, FL 33610

Title: VD
Name: MUTCHERSON, WILLIEMAE
Address: 7807 N. WHITTIER STREET
City-St-Zip: TAMPA, FL 33617

Title: STD
Name: JOHNSON, MONICA M
Address: 7807 N. WHITTIER STREET
City-St-Zip: TAMPA, FL 33617

I hereby 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 all other like empowered.

SIGNATURE: DESIREE' D. MUTCHERSON OWNE 04/09/2011

Electronic Signature of Signing Officer or Director Date