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COVER LETTER

TO:	Amendment Section Division of Corporations
SUB.	JECT: Bilingual Therapy Associates, Inc.
	(Name of Corporation)
DOC	UMENT NUMBER: P02000083649
The e	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Pleas	e return all correspondence concerning this matter to the following:
Pau	ıl K. Silverberg, Esq.
	(Name of Person)
Silv	erberg & Associates, P.A.
	(Name of Firm/Company)
266	5 Executive Park Drive, Suite 2
	(Address)
We	ston, FL 33331
	(City/State and Zip Code)
For fi	urther information concerning this matter, please call:
Paul	K. Silverberg at (954) 384-0998 (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	osed is a check for \$35.00 made payable to the Florida Department of State.
Amer Divis Clifto 2661	Mailing Address: Amendment Section ion of Corporations on Building Executive Center Circle hassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER AND DIRECTOR RESIGNATION FOR BILINGUAL THERAPY ASSOCIATES, INC.

I, Karen Acosta, hereby resign as Director and Officer of Bilingual Therapy Associates, Inc., (Document Number P02000083649, a corporation organized under the laws of the State of Florida, this <u>T</u> day of November 2005. The Florida Department of State, Division of Corporations shall immediately remove me from any such designations, and I shall not have any further powers or authority on behalf of the Company.

Karon Acosta

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