


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000115613
 1. Entity Name
KRISTINA RAIRIE'S SPEECH LANGUAGE THERAPY SERVICES, INC.



Principal Place of Business Mailing Address
1651 WEST GULF TO LAKE HIGHWAY **5 OKLAHOMA ST.**
LECANTO, FL 34461 **BEVERLY HILLS, FL 34465**

DO NOT WRITE IN THIS SPACE



04252005 No Chg-P CR2E034 (10/03)

4. FEI Number **82-0569913** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
RAIRIE, RODGER W
5 OKLAHOMA ST.
BEVERLY HILLS, FL 34465

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RAIRIE, KRISTINA
STREET ADDRESS	5 OKLAHOMA ST.
CITY-ST-ZIP	BEVERLY HILLS, FL 34465
TITLE	V
NAME	GUSTAFSON, KAREN
STREET ADDRESS	PO BOX 600901
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160
TITLE	T
NAME	RAIRIE, RODGER
STREET ADDRESS	5 OKLAHOMA ST
CITY-ST-ZIP	BEVERLY HILLS, FL 34465
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 05/03/05-80124-022 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kristina Rairie Kristina Rairie 4-25-05 (352) 220-0845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date DePhone Phone #