


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2006 08:00 AM
Secretary of State

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



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

DO NOT WRITE IN THIS SPACE



01302006 No Chg-P CR2E034 (11/05)

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Gustafson-Rairie 5-1-06 352-746-9233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #