


**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

**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: \_\_\_\_\_ (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	

U00000558378  
05/17/06-80084-025 150.00

**DO NOT WRITE IN THIS SPACE**

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 #