



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # P02000115613 1. Entity Name KRISTINA RAIRIE'S SPEECH LANGUAGE THERAPY SERVICES, INC.	
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Principal Place of Business 1651 WEST GULF TO LAKE HIGHWAY LECANTO, FL 34461	Mailing Address 5 OKLAHOMA ST. BEVERLY HILLS, FL 34465
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DO NOT WRITE IN THIS SPACE

	
04242007 No Chg-P CR2E034 (11/05)	
4. FEI Number 82-0569913	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAIRIE, KRISTINA 5 OKLAHOMA ST. BEVERLY HILLS, FL 34465
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GUSTAFSON, KAREN PO BOX 600901 NORTH MIAMI BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAIRIE, RODGER 5 OKLAHOMA ST BEVERLY HILLS, FL 34465
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000750054 05/18/07-80048-007 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: <u>Kristina Gustafson-Rairie</u> Kristina Gustafson-Rairie 4/30/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
Date <u>4/30/07</u> Daytime Phone <u>352-746-9448</u>