

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000032932

FILED  
Jan 30, 2007  
Secretary of State

**Entity Name:** THE GIVING TREE SPEECH, LANGUAGE & READING SVS, INC.

**Current Principal Place of Business:**

1805 SE 16 AVE.  
STE 101  
OCALA, FL 34471

**New Principal Place of Business:**

1805 SE 16 AVE.  
STE 103  
OCALA, FL 34471

**Current Mailing Address:**

1805 SE 16 AVE.  
STE 101  
OCALA, FL 34471

**New Mailing Address:**

1805 SE 16 AVE.  
STE 103  
OCALA, FL 34471

**FEI Number:** 30-0162436

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MANTZ, JEFFREY  
5350 SW FIRST LANE  
OCALA, FL 34474 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PSD ( ) Delete  
**Name:** MANTZ, ALICIA  
**Address:** 662 SE 47 LOOP  
**City-St-Zip:** OCALA, FL 34480

**Title:** VTD ( ) Delete  
**Name:** BOYER, NICHOLE  
**Address:** 1510 SE 14TH AVENUE  
**City-St-Zip:** OCALA, FL 34471

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** VTD (X) Change ( ) Addition  
**Name:** BOYER, NICHOLE  
**Address:** 1510 SE 14TH AVENUE  
**City-St-Zip:** OCALA, FL 34471

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** ALICIA MANTZ

PSD

01/30/2007

Electronic Signature of Signing Officer or Director

Date