

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000043938

FILED
Mar 29, 2005
Secretary of State

Entity Name: SPEECH THERAPY SERVICES, INC.

Current Principal Place of Business:

1450 N. KROME AVE
SUITE-101
FLORIDA CITY, FL 33034 US

New Principal Place of Business:

Current Mailing Address:

1450 N. KROME AVE.
SUITE-101
FLORIDA CITY, FL 33034 US

New Mailing Address:

FEI Number: 32-0078220

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DESKINS, TRACY L
1450 N. KROME AVE
SUITE-101
FLORIDA CITY, FL 33034 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: P () Delete
Name: DESKINS, TRACY
Address: 9013 SW 138TH STREET, SUITE-D
City-St-Zip: MIAMI, FL 33176 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DESKINS, TRACY
Address: 1450 N. KROME AVE. SUITE #101
City-St-Zip: FLORIDA CITY, FL 33034 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TRACY L. DESKINS

P

03/29/2005

Electronic Signature of Signing Officer or Director

Date