2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000071791

Entity Name: SPEECH THERAPY SOLUTIONS, INC.

FILED Apr 11, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6795 BROOKLINE DR. 2501 SOUTH RED ROAD HIALEAH, FL 33015 CORAL GABLES, FL 33155

Current Mailing Address: New Mailing Address:

6795 BROOKLINE DR. 2501 SOUTH RED ROAD HIALEAH, FL 33015 CORAL GABLES, FL 33155

FEI Number: 57-1180986 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HEYDRICH, LOURDES
6795 BROOKLINE DR.
HIALEAH, FL 33015 US
HEYDRICH, LOURDES
2501 SOUTH RED ROAD
CORAL GABLES, FL 33155 US

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: LOURDES T. HEYDRICH 04/11/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition HEYDRICH, LOURDES T HEYDRICH, LOURDES T Name: Name: 6795 BROOKLINE DR. Address: 2501 SOUTH RED ROAD Address: City-St-Zip: HIALEAH, FL 33015 City-St-Zip: CORAL GABLES, FL 33155

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: LOURDES T. HEYDRICH PD 04/11/2005