2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000016601

Entity Name: APEX SPEECH THERAPY, INC.

FILED Apr 09, 2007 Secretary of State

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

NANCY KANSO 220 FOREST PARK CIRCCLE

PANAMA CITY, FL 32405

New Mailing Address:

PANAMA CITY, FL 32405

2685 JENKS AVENUE

NANCY KANSO

NANCY KANSO P.O. BOX 15745

PANAMA CITY, FL 32406

Current Mailing Address:

FEI Number: 20-2269402 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:

KANSO, NANCY 700 TRÁNSMITTER RD LOT #118 PANAMA CITY, FL 32401

KANSO, NANCY 1916 ANNA LAUREN DR. PANAMA CITY, FL 32409 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: NANCY KANSO 04/09/2007

> Electronic Signature of Registered Agent Date

> > Title:

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

Title: () Delete

KANSO, NANCY Name: 700 TRANSMITTER RD LOT #118 Address:

City-St-Zip: PANAMA CITY, FL 32401

KANSO, NANCY Name: Address: 1916 ANNA LAUREN DR. City-St-Zip: PANAMA CITY, FL 32409 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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.

Ρ SIGNATURE: NANCY KANSO 04/09/2007