## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000043704

City-St-Zip: ORLANDO, FL 32821

Entity Name: SUNSHINE SPEECH THERAPY INC.

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
11709 SOUTH ORANGE BLOSSOM TRAIL SUITE #102 ORLANDO, FL 32837			5578 DEER CREEK D ORLANDO, FL 32821	R
Current Mailing Address:			New Mailing Address	<b>5:</b>
	R CREEK DR. D, FL 32821			
FEI Number	: 20-0288600	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:	
5578 DEE ORLAND( The above	ES, SHANNON R CREEK DR. D, FL 32821 e named entity se e of Florida.	US	ourpose of changing its registered	d office or registered agent, or both,
SIGNATU				
		ic Signature of Registered Ag  Trust Fund Contribution().  TORS:		Date ES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	D ( ) SEGROVES, SI 5578 DEER CR ORLANDO, FL	EEK DR.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address:	P ( ) SEGROVES, SI		Title: Name: Address:	( ) Change ( ) Addition

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SHANNON SEGROVES PRES 04/30/2007