

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000106095

FILED
Apr 26, 2006
Secretary of State

Entity Name: GIFTS, SPEECH, LANGUAGE & READING SPECIALISTS, INC.

Current Principal Place of Business:

514 SE 22 AVE
OCALA, FL 34471

New Principal Place of Business:

419 NE 36TH AVENUE
OCALA, FL 34470

Current Mailing Address:

514 SE 22 AVE
OCALA, FL 34471

New Mailing Address:

303 SE 17TH STREET
#309-127
OCALA, FL 34471

FEI Number: 20-3245576

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OWEN, ANDREA L
514 SE 22 AVE
OCALA, FL 34471 US

Name and Address of New Registered Agent:

OWEN, ANDREA L
303 SE 17TH STREET
#309-127
OCALA, FL 34471 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: ANDREA L. OWEN

04/26/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: OWEN, ANDREA A
Address: 514 SE 22 AVE
City-St-Zip: OCALA, FL 34471

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: OWEN, ANDREA L
Address: 303 SE 17TH STREET #309-127
City-St-Zip: OCALA, FL 34471

Title: VP () Change (X) Addition
Name: TOMPKINS, JENNIFER E
Address: 303 SE 17TH STREET #309-127
City-St-Zip: OCALA, FL 34471

Title: S, T () Change (X) Addition
Name: JONES, CAREY V
Address: 303 SE 17TH STREET #309-127
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: ANDREA L. OWEN

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04/26/2006

Electronic Signature of Signing Officer or Director

Date