


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90334 041 \*\*\*150.00

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| <b>DOCUMENT # P05000128564</b><br>1. Entity Name<br><b>B.E.S.T. SPEECH THERAPY INC.</b>  |  |   |   |                            |  |
| Principal Place of Business<br><b>6742 FOREST HILL BOULEVARD<br/>#140<br/>WEST PALM BEACH, FL 33413 US</b>   |  |   | Mailing Address<br><b>6742 FOREST HILL BOULEVARD<br/>#140<br/>WEST PALM BEACH, FL 33413 US</b>  |   |  |
| 2. Principal Place of Business<br><b>8461 LAKE WORTH ROAD.</b><br>Suite, Apt. #, etc.<br><b>SUITE 199</b><br>City & State<br><b>LAKE WORTH - FLORIDA</b><br>Zip<br><b>33467</b> Country<br><b>PALM BEACH</b>   |  |   | 3. Mailing Address<br><b>8461 LAKE WORTH ROAD</b><br>Suite, Apt. #, etc.<br><b>SUITE 199</b><br>City & State<br><b>LAKE WORTH - FLORIDA</b><br>Zip<br><b>33467</b> Country<br><b>PALM BEACH</b>                                       |   |  |
| 4. FEI Number<br><b>75-3211351</b>   |  |   | Applied For<br><input type="checkbox"/> Not Applicable  |   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   | <b>\$8.75</b> Additional Fee Required   |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BENAVIDES, DIANE<br/>6742 FOREST HILL BOULEVARD<br/>#140<br/>WEST PALM BEACH, FL 33413</b>   |  |   | 7. Name and Address of New Registered Agent<br>Name <b>BENAVIDES, DIANE</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>8461 LAKE WORTH ROAD, SUITE 199</b><br>City <b>LAKE WORTH</b> <b>FL</b> Zip Code <b>33467</b> |   |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.<br><br>SIGNATURE <u><i>Diane Benavides - PRESIDENT</i></u> DATE <u>04/12/2006</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |   |   |  |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P</b><br><b>BENAVIDES, DIANE</b><br><b>6742 FOREST HILL BOULEVARD #140</b><br><b>WEST PALM BEACH, FL 33413</b>  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>P</b><br><b>BENAVIDES, DIANE</b><br><b>8461 LAKE WORTH ROAD STE 199</b><br><b>LAKE WORTH - FL 33467</b>  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VP</b><br><b>BENAVIDES, JORGE</b><br><b>6742 FOREST HILL BOULEVARD #140</b><br><b>WEST PALM BEACH, FL 33413</b> | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>VP</b><br><b>BENAVIDES, JORGE</b><br><b>8461 LAKE WORTH ROAD STE 199</b><br><b>LAKE WORTH - FL 33467</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |  |   |   |   |  |
| SIGNATURE: <u><i>Diane Benavides - PRESIDENT</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   | Date <u>04/12/2006</u> Daytime Phone # <u>561-340-1418</u>  |   |  |

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