## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000145721

Entity Name: BILINGUAL CHILDREN'S THERAPY, INC.

SUNRISE, FL 33351

City-St-Zip:

FILED May 29, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 703 WILLOW BEND RD WESTON, FL 33327 **Current Mailing Address: New Mailing Address:** 703 WILLOW BEND RD WESTON, FL 33327 FEI Number: 20-8426400 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: ACEVEDO, DIANA 703 WILLOW BEND RD WESTON, FL 33327 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: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition ACEVEDO, DIANA Name: Name: 703 WILLOW BEND RD Address: Address: City-St-Zip: WESTON, FL 33327 City-St-Zip: Title: Title: () Change () Addition () Delete Name: BOWMAN, CAROLINA Name: 4563 NW90TH AVE. Address: Address:

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: DIANA ACEVEDO P 05/29/2007