2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P08000050209

Entity Name: LANGUAGE LINK THERAPY, INC.

Current Principal Place of Business:

9508 GRIFFIN RD.
COOPER CITY, FL 33328

New Principal Place of Business:

Current Mailing Address:

9508 GRIFFIN RD.
COOPER CITY, FL 33328

New Mailing Address:

FEI Number: 26-2703055 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROTMAN, STUART M
4700 N STATE ROAD 7
STE 208
FT LAUDERDALE, FL 33319 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ROTMAN, ILENE R
Address: 781 SW 148TH AVE #1505
City-St-Zip: DAVIE, FL 33325

Title: S/T ( ) Delete
Name: ROTMAN, JODY T
Address: 11346 NW 11TH CT
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
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: ILENE ROTMAN P 04/30/2009

Electronic Signature of Signing Officer or Director — Date