## 2010 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P09000081582

FILED Feb 19, 2010 Secretary of State

Entity Name: BILINGUAL THERAPIES FOR CHILDREN AND ADULTS, INC.

**New Principal Place of Business: Current Principal Place of Business:** 

13594 CHATSWORTH VILLAGE DRIVE 2393 S. CONGRESS AVENUE, SUITE 200

WELLINGTON, FL 33414 WEST PALM BEACH, FL 33406

**Current Mailing Address: New Mailing Address:** 

13594 CHATSWORTH VILLAGE DRIVE WELLINGTON, FL 33414

FEI Number: 27-1054739 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:

NOBLE, GENICARMEN MRS NOBLE, GENICARMEN MS 13594 CHATSWORTH VILLAGE DRIVE 2393 S. CONGRESS AVENUE, SUITE 200

WELLINGTON, FL 33414 WEST PALM BEACH, FL 33406

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: GENICARMEN NOBLE 02/19/2010

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

NOBLE, GENICARMEN Name:

2393 S.CONGRESS AVENUE, SUITE 200 Address: City-St-Zip: WEST PALM BEACH, FL 33406 US

I hereby 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 all other like empowered.

SIGNATURE: GENICARMEN NOBLE **PRES** 02/19/2010