



2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

4/20/2005-90322-022-\$150.00-\$150.00

DOCUMENT # P04000162473				05 JUN -9 AM 11:58 STATE OFFICE OF REVENUE TALLAHASSEE, FLORIDA 			
1. Entity Name PRESSURE POINT, INC.							
Principal Place of Business 2939 53RD ST. SARASOTA FL 34234		Mailing Address 2939 53RD ST. SARASOTA FL 34234		1st MOORE CR2E034 (10/04) 05 4. FEI Number 41-2159439 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	6. Name and Address of Current Registered Agent CASWELL, CHRIS 2364 FRUITVILLE RD. SARASOTA FL 34237			
7. Name and Address of New Registered Agent		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code					
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. SIGNATURE _____ DATE _____ <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when requesting)</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
	Pres	John Schweigart	2939 53 St SARASOTA, FL 34234				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>John Schweigart</i>		Date: 4/15/05		941-915-7983		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone #	

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