2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008
Secretary of State

DOCUMENT# P07000013702

Entity Name: HEADACHE SOLUTIONS INC

Current Principal Place of Business:

2655 COLLINS AVE
1701
MIAMI BEACH, FL 33140 US

New Principal Place of Business:

7501 EAST TREASURE DRIVE
8 T
NORTH BAY VILLAGE, FL 33141 US

Current Mailing Address:

2655 COLLINS AVE
1701
MIAMI BEACH, FL 33140 US

New Mailing Address:

7501 EAST TREASURE DRIVE
8 T
NORTH BAY VILLAGE, FL 33141 US

FEI Number: 26-0764437 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DIAGO, YOLANDA
2655 COLLINS AVE
1701
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

DIAGO, YOLANDA
7501 EAST TREASURE DRIVE
8 T
NORTH BAY VILLAGE, FL 33141 US

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: YOLANDA DIAGO 04/15/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DIAGO, YOLANDA
Address: 2655 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: VP ( ) Delete
Name: GALVES, ANGELA
Address: 2655 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33140 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DIAGO, YOLANDA
Address: 7501 EAST TREASURE DRIVE 8 T
City-St-Zip: NORTH BAY VILLAGE, FL 33141 US

Title: VP (X) Change ( ) Addition
Name: GALVES, ANGELA
Address: 7501 EAST TREASURE DRIVE 8 T
City-St-Zip: NORTH BAY VILLAGE, FL 33141 US

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: ANGELA GALVES VP 04/15/2008
Electronic Signature of Signing Officer or Director Date