

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L17763

FILED  
Jan 05, 2006  
Secretary of State

Entity Name: HANDICAPPED SALES WORKSHOP, INC.

## Current Principal Place of Business:

2705 GATEWAY DR  
POMPANO BEACH, FL 33069 US

## New Principal Place of Business:

## Current Mailing Address:

2705 GATEWAY DR  
POMPANO BEACH, FL 33069 US

## New Mailing Address:

FEI Number: 65-0145557      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

PASKINS, JESSICA  
2705 GATEWAY DR  
POMPANO BEACH, FL 33069 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: D ( ) Delete  
Name: LENIHAN, ELYSE,  
Address: 2751 PALM AIRE DR N #210  
City-St-Zip: POMPANO BEACH, FL 33069

Title: V ( ) Delete  
Name: FRANCIS, JAMES  
Address: 9770 NW 47TH DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: V ( ) Delete  
Name: LENIHAN, JOSEPH G  
Address: 2751 PALM AIRE DR N #210  
City-St-Zip: POMPANO BEACH, FL 33069

Title: V ( ) Delete  
Name: PASKINS, JESSICA  
Address: 9014 TRADD STREET  
City-St-Zip: BOCA RATON, FL 33434

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: ELYSE LENIHAN

PRES

01/05/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date