2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2007
Secretary of State

DOCUMENT# L17763

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 D 01/04/2007

Electronic Signature of Signing Officer or Director Date