

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M95000000369

FILED
Feb 19, 2005
Secretary of State

Entity Name: PAIN RELIEF TECHNOLOGY, LLC

Current Principal Place of Business:

7777 AFTON VILLA CT.
BOCA RATON, FL 33433

New Principal Place of Business:

Current Mailing Address:

7777 AFTON VILLA CT.
BOCA RATON, FL 33433

New Mailing Address:

FEI Number: 65-0647147

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAVITZ, BERNARD
7777 AFTON VILLA CT.
BOCA RATON, FL 33433 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

MANAGING MEMBERS/MEMBERS:

Title: PRES () Delete
Name: SHAVITZ, BERNARD
Address: 7777 AFTON VILLA COURT
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SHAVITZ, BERNARD
Address: 7777 AFTON VILLA COURT
City-St-Zip: BOCA RATON, FL 33433

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BERNARD SHAVITZ

MGR

02/19/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date