

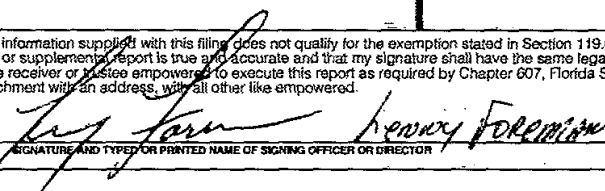


Apr 3  
Sec

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P00000012130</b>		
1. Entity Name <b>FOR YOUR HEADGEAR2, INC.</b>		
Principal Place of Business 3241 SPANISH BAYONET DR HERNANDO BEACH, FL 34607		Mailing Address 3241 SPANISH BAYONET DR HERNANDO BEACH, FL 34607
<b>DO NOT WRITE IN THIS SPACE</b>		
		 04242004 No Chg-P CR2E034 (10/03)
4. FEI Number <b>59-3630670</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  FOREMAN, LEONARD 3241 SPANISH BAYONET DR HERNANDO BEACH, FL 34607		<b>DO NOT WRITE IN THIS SPACE</b>
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 re-registering)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
		0000000143380 04/30/04-80089-014 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOREMAN, LEONARD 3241 SPANISH BAYONET DR HERNANDO BEACH, FL 34607	
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<b>DO NOT WRITE IN THIS SPACE</b>		
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:  <b>Leonard Foreman</b> 4/24/04 727 861-2247 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		