

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P00000110685

1. Entity Name  
BIOFEEDBACK HOME TRAINING INCORPORATED



Principal Place of Business

325 SUMMER CIRCLE 291 SPRING 325 SUMMER CIRCLE  
PBG, FL 33410 CIRCLE PBG, FL 33410

Mailing Address

291 SPRING  
CIRCLE

2. Principal Place of Business

291 SPRING C.R.

3. Mailing Address

291 SPRING C.R.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PBG, FL

City & State

PBG FL

4. FEI Number

65-1071465

Applied For

Not Applicable

Zip

33410

Country

PALM BCH

Zip

33410

Country

PALM BCH

6. Name and Address of Current Registered Agent

BATE, PHILIP W PHD  
325 SUMMER CIRCLE  
PBG, FL 33410

291 SPRING C.R.

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATE, PHILIP W PHD 325 SUMMER CIRCLE 291 SPRING C.R. PBG, FL 33410	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENROSE, SUNNY 325 SUMMER CIRCLE 291 SPRING C.R. PBG, FL 33410	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Philip W. Bate PhD*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/05 5616948516  
Date Daytime Phone #