

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000117622

Entity Name: HANDS & BRAIN, INC.

FILED  
May 01, 2005  
Secretary of State

## Current Principal Place of Business:

2001 PALM BEACH LAKES BLVD  
SUITE 300 M  
WEST PALM BEACH, FL 33409

## Current Mailing Address:

2001 PALM BEACH LAKES BLVD  
SUITE 300M  
WEST PALM BEACH, FL 33409

## New Principal Place of Business:

301 CLEMATIS STREET  
SUITE 3000  
WEST PALM BEACH, FL 33401

## New Mailing Address:

301 CLEMATIS STREET  
SUITE 3000  
WEST PALM BEACH, FL 33401

FEI Number: 80-0025677

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BOTOS, MICHAEL E PA  
ONE NORTH CLEMATIS STREET STE 400  
WEST PALM BEACH, FL 334015552 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: RODEGRA, KARIN  
Address: 931 VILLAGE BLVD  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D ( ) Delete  
Name: RODEGRA, ARMIN  
Address: 931 VILLAGE BLVD  
City-St-Zip: WEST PALM BEACH, FL 33409

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: ARMIN RODEGRA

D

05/01/2005

Electronic Signature of Signing Officer or Director

Date