

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90359 013 \*\*\*150.00

DOCUMENT # P02000043353

1. Entity Name  
 THE HEADACHE GLOVE, INC.



Principal Place of Business  
 14471 SOUTH DIXIE HWY., STE. 209  
 MIAMI, FL 33176

Mailing Address  
 14471 SOUTH DIXIE HWY., STE. 209  
 MIAMI, FL 33176

20049688



2. Principal Place of Business  
 14471 S. Dixie Hwy

3. Mailing Address  
 14471 S. Dixie Hwy

03012005 Chg-P CR2E034 (10/03)

City & State  
 Miami FLA

City & State  
 Miami FLA

4. FEI Number  
 01-0674705

Applied For  
 Not Applicable

Zip  
 33176

Country  
 USA

Zip  
 33176

Country  
 USA

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 THE LAW OFFICES OF CRAIG M. DORNE, P.A.  
 407 LINCOLN RD., PENTHOUSE SE  
 MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent  
 Name  
 Harold Hickey  
 Street Address (P.O. Box Number is Not Acceptable)  
 1570 MADRUGA AVE  
 SUITE 209  
 City  
 Doral FL Zip Code  
 33176

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 Harold N. Hickey DATE 4/20/2005

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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	P,D BEGLEY, KAREN 14411 SOUTH DIXIE HWY., STE. 209 MIAMI, FL 33176 <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	VP Nicholas Begley 14225 SW 103 Ave Miami FLA 33176 <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	<del>VP</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: K. S. Begley DATE 4-22-05 DAYTIME PHONE # (784) 287-6461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR