## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000033701

Entity Name: HUGS THERAPY WORKS, INC

FILED Feb 10, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

629 44TH ST. W 5342 LANSDOWNE WAY BRADENTON, FL 34209 US PALMETTO, FL 34221 U

Current Mailing Address: New Mailing Address:

629 44TH ST. W 5342 LANSDOWNE WAY BRADENTON, FL 34209 US PALMETTO, FL 34221 US

FEI Number: 43-2007036 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCCLURE, LISA J
629-44TH ST. W
BRADENTON, FL 34209 US

MCCLURE, LISA J
5342 LANSDOWNE WAY
PALMETTO, FL 34221 US

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: LISA MCCLURE 02/10/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTS ( ) Delete Title: PTS (X) Change ( ) Addition

 Name:
 MCCLURE, LISA J
 Name:
 MCCLURE, LISA J

 Address:
 629 44TH ST. W
 Address:
 5342 LANSDOWNE WAY

 City-St-Zip:
 BRADENTON, FL 34209 US
 City-St-Zip:
 PALMETTO, FL 34221 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: LISA MCCLURE DIR. 02/10/2007