2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005
Secretary of State

DOCUMENT# P03000043367

Entity Name: WHERE IT HURTS, INC.

Current Principal Place of Business:

32707 US 19 NORTH, STE A
PALM HARBOR, FL 34684

New Principal Place of Business:

34060 US 19 NORTH
PALM HARBOR, FL 34684

Current Mailing Address:

32707 US 19 NORTH, STE A
PALM HARBOR, FL 34684

New Mailing Address:

34060 US 19 NORTH
PALM HARBOR, FL 34684

FEI Number: 45-0511447 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LYONS, GARY W
311 S MISSOURI AVE
CLEARWATER, FL 33756 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WYMAN, PATRICIA
Address: 214 HILLCREST DR
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: WYMAN, PATRICIA G PRES
Address: 214 HILLCREST DR
City-St-Zip: SAFETY HARBOR, FL 34695

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: PATRICIA WYMAN PRES 04/14/2005
Electronic Signature of Signing Officer or Director Date