


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90013 032 ***150.00

DOCUMENT # P04000012434		
1. Entity Name FLORIDA HAND TEAM & ASSOCIATES, INC.		

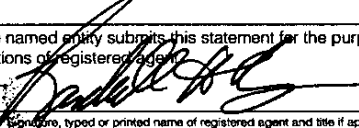
Principal Place of Business 554 SW 180TH AVE PEMBROKE PINES, FL 33029-4110	Mailing Address 554 SW 180TH AVE PEMBROKE PINES, FL 33029-4110
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2. Principal Place of Business 11371 SW 211 St. #28	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Cutler Ridge, FL	City & State
Zip 33189	Country USA

6. Name and Address of Current Registered Agent KATES, ELIZABETH J 4411 NW TENTH ST POMPANO BEACH, FL 33066	
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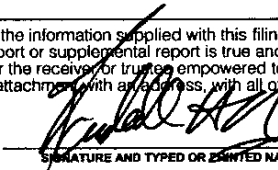
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
State FL	
Zip Code	

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 	DATE 6/30/06

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
PRESIDENT CHRISTA BAGGOTT 554 SW 180 AVE PEMBROKE PINES, FL 33029	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
VICE PRESIDENT/DIRECTOR RANDALL BROWNING 554 SW 180 AVE PEMBROKE PINES, FL 33029	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 	DATE 6/30/06

40050000



07032006 Chg-P CR2E034 (11/05)

4. FEI Number 56-2431266	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6/30/06 954.430.1396