2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005
Secretary of State

DOCUMENT# P04000161908

Entity Name: HEADACHE CLIP CORPORATION

Current Principal Place of Business:

1025 E HALLANDALE BEACH BLVD. #8
HALLANDALE BEACH, FL 33009

New Principal Place of Business:

Current Mailing Address:

1025 E HALLANDALE BEACH BLVD. #8
HALLANDALE BEACH, FL 33009

New Mailing Address:

FEI Number: 20-1961233 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GERSHBEIN, SALLY
8454 N.W. 31ST COURT
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

AMUNATEGUI, JOSEPH A II
1025 E HALLANDALE BEACH BLVD # 8
HALLANDALE, FL 33009 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: JOESPH A AMUNATEGUI II 04/19/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: TD (X) Delete
Name: GERSHBEIN, SALLY
Address: 8454 NW 31ST COURT
City-St-Zip: SUNRISE, FL 33351

Title: PD ( ) Delete
Name: AMUNATEGUI, JOSEPH A DR.
Address: 1025 E HALLANDALE BEACH BLVD. #8
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: VPD (X) Delete
Name: MORSE, BARRY
Address: 1120 NE 10 STREET, #6
City-St-Zip: HALLANDALE BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JOSEPH A AMUNATEGUI II P 04/19/2005
Electronic Signature of Signing Officer or Director Date