


2006 FOR PROFIT CORPORATION ANNUAL REPORT

3/7

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-08-2006 90162 002 ***150.00

DOCUMENT # P05000016342			
1. Entity Name HEADACHE PRECISION ACUPRESSURE TECHNOLOGY, INC.			
Principal Place of Business 4101 N.W. 4TH STREET, SUITE 208 PLANTATION, FL 33317		Mailing Address 4101 N.W. 4TH STREET, SUITE 208 PLANTATION, FL 33317	
2. Principal Place of Business 3480 Southern Orchard Rd E Suite, Apt. #, etc.		3. Mailing Address 3480 Southern Orchard Rd E Suite, Apt. #, etc.	
City & State DAVIE, FL		City & State DAVIE, FL	
Zip 33328	Country USA	Zip 33328	Country USA
4. FEI Number 02-2471386		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANDERS, STEVEN 3480 SOUTHERN ORCHARD ROAD EAST DAVIE, FL 33328		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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: <u><i>Steven Sanders</i></u> DATE: <u>3/7/06</u> <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when resigning)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D ROSS, DAVID B 4101 N.W. 4TH STREET, SUITE 208 PLANTATION, FL 33317 <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	D SANDERS, LAURIE C 4101 N.W. 4TH STREET, SUITE 208 PLANTATION, FL 33317 <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NG, RALPH 3750 Southern Orchard Rd E DAVIE, FL 33328 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Steven Sanders 3480 Southern Orchard Rd E DAVIE, FL 33328 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	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: <u><i>Steven C. Sanders Sec.</i></u> DATE: <u>3/7/06</u> (954) 554-4542		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

66006756



03052006 Chg-P CR2E034 (11/05)



ATTACHMENT

66006756

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 10, 2006

HEADACHE PRECISION ACUPRESSURE TECHNOLOGY, INC.
3480 SOUTHERN ORCHARD RD EAST
DAVIE, FL 33328

Subject: **HEADACHE PRECISION ACUPRESSURE TECHNOLOGY, INC.**

Reference Number:

P05000016342

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION