## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

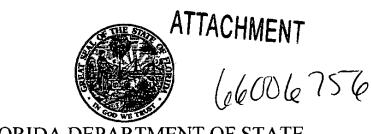
SIGNATURE:

## **Secretary of State** 03-08-2006 90162 002 \*\*\*150.00 DOCUMENT # P05000016342 HEADACHE PRECISION ACUPRESSURE TECHNOLOGY. 66006756 Principal Place of Business Mailing Address 4101 N.W. 4TH STREET, SUITE 208 4101 N.W. 4TH STREET, SUITE 208 PLANTATION, FL 33317 PLANTATION, FL 33317 2. Principal Place of Business 3. Mailing Address 3480 So Mern Orchard Rd E 3480 Southern Orchand RJE Suite, Apt. #, etc. Suite, Apt. #, etc. 03052006 CR2E034 (11/05) City & State City & State 4. FEI Number 247/386 Applied For Davie Davie Not Applicable Country Countr \$8.75 Additional 33<u>328</u> 33328 5. Certificate of Status Desired USA USA 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SANDERS, STEVEN Street Address (P.O. Box Number is Not Acceptable) 3480 SOUTHERN ORCHARD ROAD EAST **DAVIE, FL 33328** 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 SIGNATURE: \$5.00 May Be Added to Fees 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Ociete TOD E Change Addition ROSS, DAVID B NAME STREET ADDRESS 4101 N.W. 4TH STREET, SUITE 208 STREET ADDRESS CITY-ST-ZIF PLANTATION, FL 33317 CITY-ST-ZIP TITLE Delete Change TITLE ■ Addition SANDERS, LAURIE C HALAF NAME STREET ADDRESS 4101 N.W. 4TH STREET, SUITE 208 STREET ADDRESS PLANTATION, FL 33317 C11Y-ST-ZIP CITY-ST-ZIP TIRE ☐ Oziste TITLE ☐ Change DE Addition NG, ROLPH KAME NAME 2750 Southern Orchard Rd E STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CATY-ST-71P tπιΕ Celete TITLE ☐ Change Addition fferen Sandors 3480 Southern Orchard Rd E NAME NAME STREET ADDRESS STREET ADDRESS Davie FL 3352) CITY-ST-ZIP CITY-SI-7P TITLE ☐ Delate TITLE ☐ Change Addition NAME NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE TITLE ☐ Change NAME NULE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this fitting 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.

Steven C. Sonders Sec.

NITED NAME OF EACH

FILED Mar 23, 2006 8:00 am



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 <u>has not been filed</u> 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.

/JE ANNUAL REPORTS SECTION