2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# P05000016342

Entity Name: HEADACHE PRECISION ACUPRESSURE TECHNOLOGY, INC.

Current Principal Place of Business:

3480 SOUTHERN ORCHARD RD E.
DAVIE, FL 33328

New Principal Place of Business:

Current Mailing Address:

3480 SOUTHERN ORCHARD RD E.
DAVIE, FL 33328

New Mailing Address:

6134 HOLLYWOOD BOULEVARD
HOLLYWOOD, FL 33024

FEI Number: 02-2471386 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANDERS, STEVEN
3480 SOUTHERN ORCHARD ROAD EAST
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

BERGQUIST, MARY
6134 HOLLYWOOD BOULEVARD
HOLLYWOOD, FL 33024 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: MS. MARY BERGQUIST 04/30/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ROSS, DAVID B
Address: 4101 N.W. 4TH STREET, SUITE 208
City-St-Zip: PLANTATION, FL 33317

Title: D ( ) Delete
Name: SANDERS, LAURIE C
Address: 4101 N.W. 4TH STREET, SUITE 208
City-St-Zip: PLANTATION, FL 33317

Title: D ( ) Delete
Name: RALPH, NG
Address: 3750 SOUTHERN ORCHARD RD. E.
City-St-Zip: DAVIE, FL 33328

Title: S ( ) Delete
Name: SANDERS, STEVEN
Address: 3480 SOUTHERN ORCHARD RD. E.
City-St-Zip: DAVIE, FL 33328

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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:

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

Title: T ( ) Change (X) Addition
Name: BERGQUIST, MARY
Address: 6134 HOLLYWOOD BOULEVARD
City-St-Zip: HOLLYWOOD, FL 33024

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MS MARY BERGQUIST T/D 04/30/2007
Electronic Signature of Signing Officer or Director Date