

P05000016342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

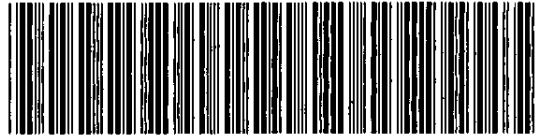
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

cc [signature]  
SEP 12 2008

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: HEADACHE Precision Acupressure Technology, INC  
(Name of Corporation)

DOCUMENT NUMBER: POS 000016342

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Laurie? Steve Sanders  
(Name of Person)

Principal Address of Company  
(Name of Firm/Company)

3480 Southern Orchard Road East  
(Address)

DAVIE FL 33328  
(City/State and Zip Code)

For further information concerning this matter, please call:

Laurie Sanders at ( 954 )  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

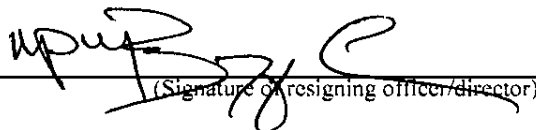
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, MARY BERGQUIST, hereby resign as TREASURER  
(Title)

of Headache Precision Acupressure Technology, Inc.  
(Name of Corporation)

POS000016342, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314