2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2006
Secretary of State

DOCUMENT# P93000024111

Entity Name: HANDLE WITH CARE THERAPEUTICS, INC.

Current Principal Place of Business:

4800 NW 25TH AVE
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

4800 NE 25TH AVE
FORT LAUDERDALE, FL 33308

Current Mailing Address:

4800 NW 25TH AVE
FORT LAUDERDALE, FL 33308

New Mailing Address:

4800 NE 25TH AVE
FORT LAUDERDALE, FL 33308

FEI Number: 58-2044028 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KONIECZKA, JACK J
4800 NE 25TH AVE
FORT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KONIECZKA, JACK J
Address: 215-A S FEDERAL HWY
City-St-Zip: POMPANO BEACH, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: KONIECZKA, JACK J
Address: 4800 NE 25 AVE
City-St-Zip: FORT LAUDERDALE, FL 33308

I hereby certify that the information supplied with this filing does not qualify for the 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: JACK J KONIECZKA PD 01/05/2006

Electronic Signature of Signing Officer or Director Date