

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000037248

FILED  
Apr 13, 2005  
Secretary of State

Entity Name: HARD TO TREAT DISEASES INCORPORATED

## Current Principal Place of Business:

1885 S.W. 4TH AVE.  
E-3  
DELRAY BEACH, FL 33444 US

## Current Mailing Address:

1885 S.W. 4TH AVE.  
E-3  
DELRAY BEACH, FL 33444 US

## New Principal Place of Business:

100 EAST LINTON BLVD.  
106B  
DELRAY BEACH, FL 33483 US

## New Mailing Address:

100 EAST LINTON BLVD.  
106B  
DELRAY BEACH, FL 33483 US

FEI Number: 65-0412538

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

KING, COLM J  
1885 S.W. 4TH AVE.  
E-3  
DELRAY BEACH, FL 33444 US

## Name and Address of New Registered Agent:

KING, COLM J  
100 EAST LINTON BLVD.  
106B  
DELRAY BEACH, FL 33483 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:

04/13/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PS ( ) Delete  
Name: KING, COLM J  
Address: 640 EAGLE DRIVE  
City-St-Zip: DELRAY BEACH, FL 33444

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition  
Name: KING, COLM J  
Address: 640 EAGLE DRIVE  
City-St-Zip: DELRAY BEACH, FL 33444 US

Title: D ( ) Change (X) Addition  
Name: JUDKOWITZ, HARVEY  
Address: 14241 S.W. 92 AVE.  
City-St-Zip: MIAMI, FL 33176 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: COLM J. KING

PS

04/13/2005

Electronic Signature of Signing Officer or Director

Date