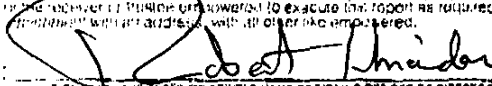


FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90984 027 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P97000004883			
1. Entity Name SEND-A-HUG, INC.			
Principal Place of Business 7148 BERA CASA WAY UNIT B BOCA RATON, FL 33433		Mailing Address 7148 BERA CASA WAY UNIT B BOCA RATON, FL 33433	
2. Principal Place of Business		3. Mailing Address	
Suite Apt # etc		Suite Apt # etc	
City & State		City & State	
Zip	Country	Zip	Country
4. FDI Number 65-0720684		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHNEIDER, ROBERT 7148 BERA CASA WAY STE B BOCA RATON, FL 33433		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City, FL Zip Code	
8. The undersigned certifies by submitting 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 the obligations of, registered agent.			
SIGNATURE _____			
FILE NOW!!! FEE IS \$160.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME TITLE STREET ADDRESS CITY-STATE-ZIP	PD SCHNEIDER, ROBERT 7168 VIA PALOMAR BOCA RATON, FL 33433 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
NAME TITLE STREET ADDRESS CITY-STATE-ZIP	VD SCHNEIDER, LAURA 7168 VIA PALOMAR BOCA RATON, FL 33433 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
NAME TITLE STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
NAME TITLE STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
NAME TITLE STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
NAME TITLE STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
12. I certify that the information submitted with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information provided on this report is true and accurate and that my signature shall have the same legal effect as if made under oath. This form officer or director of the corporation has received. I further acknowledge to execute this report as required by Chapter 007, Florida Statutes, and that my name appears in Block 10 or Block 11 of this report. I am familiar with all other provisions.			
SIGNATURE: 		4/29/05 561-392-1993	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			