

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000093446

Entity Name: HANDS-ON MARKETING, INC.

FILED
Apr 10, 2005
Secretary of State

Current Principal Place of Business:

2237 N COMMERCE PARKWAY
SUITE 3
WESTON, FL 33326

Current Mailing Address:

2237 N COMMERCE PARKWAY
SUITE 3
WESTON, FL 33326

New Principal Place of Business:

ONE EAST BROWARD BLVD.
SUITE 1010
FORT LAUDERDALE, FL 33301

New Mailing Address:

ONE EAST BROWARD BLVD.
SUITE 1010
FORT LAUDERDALE, FL 33301

FEI Number: 65-0817403

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANELLA, ROSS
2237 N COMMERCE PARKWAY
SUITE 3
WESTON, FL 33326 US

Name and Address of New Registered Agent:

MANELLA, ROSS H ESQ.
ONE EAST BROWARD BLVD.
SUITE 1010
FORT LAUDERDALE, FL 33301 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: ROSS H. MANELLA ESQ.

04/10/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: SCHWARTZ, HARRIETTE
Address: 1525 NORTH PARK DR STE 104
City-St-Zip: WESTON, FL 33326

Title: DV () Delete
Name: SCHWARTZ, MITCHELL
Address: 1525 NORTH PARK DR STE 104
City-St-Zip: WESTON, FL 33326

Title: DTVP () Delete
Name: SCHWARTZ, JERRY
Address: 1525 NORTH PARK DR STE 104
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: SCHWARTZ, HARRIETTE
Address: 1500 WESTON ROAD SUITE #207
City-St-Zip: WESTON, FL 33326

Title: DV (X) Change () Addition
Name: SCHWARTZ, MITCHELL
Address: 1500 WESTON ROAD SUITE #207
City-St-Zip: WESTON, FL 33326

Title: DTVP (X) Change () Addition
Name: SCHWARTZ, JERRY
Address: 1500 WESTON ROAD SUITE #204
City-St-Zip: WESTON, FL 33326

I hereby certify that the information supplied with this filing does not qualify 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: HARRIETTE SCHWARTZ

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04/10/2005

Electronic Signature of Signing Officer or Director

Date