

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000101066

FILED
Jan 16, 2005
Secretary of State

Entity Name: LAURIN'S THERAPEUTIC HANDS, INC.

Current Principal Place of Business:

8702 SE WATER OAK PLACE
JUPITER, FL 33469

New Principal Place of Business:

Current Mailing Address:

8702 SE WATER OAK PLACE
JUPITER, FL 33469

New Mailing Address:

FEI Number: 65-0996018

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOCKER, PETER
3702 SE WATER OAK PLACE
TEQUESTA, FL 33469 US

Name and Address of New Registered Agent:

STOCKER, PETER
8702 SE WATER OAK PLACE
JUPITER, FL 33469 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: PETER STOCKER

01/16/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STOCKER, LAURIN
Address: 8702 SE WATER OAK PLACE
City-St-Zip: TEQUESTA, FL 33469

Title: S () Delete
Name: STOCKER, PETER
Address: 8702 SE WATER OAK PLACE
City-St-Zip: TEQUESTA, FL 33469

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PETER J. STOCKER

S

01/16/2005

Electronic Signature of Signing Officer or Director

Date