2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N07000000051

Entity Name: THREE TREASURES HEALING TEMPLE, INC.

Current Principal Place of Business:

751 EUCLID AVE APT 1
MIAMI BEACH, FL 33139

New Principal Place of Business:

650 NE 73RD STREET
MIAMI, FL 33138

Current Mailing Address:

751 EUCLID AVE APT 1
MIAMI BEACH, FL 33139

New Mailing Address:

650 NE 73RD STREET
MIAMI, FL 33138

FEI Number: 26-2517847 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VANOSTRAND, LISA
751 EUCLID AVE APT 1
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

VANOSTRAND, LISA
650 NE 73RD STREET
MIAMI, FL 33138 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: _____ 04/28/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PVTS ( ) Delete
Name: VANOSTRAND, LISA
Address: 751 EUCLID AVE APT 1
City-St-Zip: MIAMI BEACH, FL 33139

Title: S ( ) Delete
Name: VANOSTRAND, LISA
Address: 751 EUCLID AVE APT 1
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Delete
Name: MELTZER, DAWN
Address: 25 FRANKLIN ST
City-St-Zip: LENOX, MA 01240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVTS (X) Change ( ) Addition
Name: VANOSTRAND, LISA
Address: 650 NE 73RD STREET
City-St-Zip: MIAMI, FL 33138

Title: S (X) Change ( ) Addition
Name: VANOSTRAND, LISA
Address: 650 NE 73RD STREET
City-St-Zip: MIAMI, FL 33138

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

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA VAN OSTRAND PVTS 04/28/2009
Electronic Signature of Signing Officer or Director — Date