


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000133748**

1. Entity Name  
**AMERICA BIO-CHEM MEDICINE RESEARCH CENTER, INC.**



Principal Place of Business  
**P.O. BOX 25952  
 HONOLULU, HI 96825**

Mailing Address  
**6466 CHERRY GROVE CIR.  
 ORLANDO, FL 32809**

**DO NOT WRITE IN THIS SPACE**



02032006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**03-0500655** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MAO, ELIZA  
 6466 CHERRY GROVE CIR  
 ORLANDO, FL 32809**

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>WU, SHEN<br>1422 MILOIKI ST.<br>HONOLULU, HI 96825            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>SHAO, PING<br>1422 MILOIKI ST.<br>HONOLULU, HI 96825          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>YANG, HANK<br>5809 OCEAN TERRANCE DR.<br>RPV, CA 90275        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TM<br>MAO, ELIZA<br>6466 CHERRY GROVE CIRCLE<br>ORLANDO, FL 32809  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | M<br>CURTIN, THOMAS<br>7834 LAUREL VIEW DR.<br>MONT DORA, FL 32757 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | M<br>LEE, PETER<br>926 BEACH BREEZE DR.<br>ORLANDO, FL 32835       |

**DO NOT WRITE IN THIS SPACE**

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 03/06/06 80030-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Eliza Mao*

*2/24/2006*