2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

	ANNUAL	REPORT			Secre	etary of	State
DOCUMENT # P96000073258 1. Entity Name ACUPUNCTURE & NATURAL HEALING CENTER, INC.					20010	out y or	
Principal Plac 921 E OCEAI STUART, FL		Mailing Address 921 E OCEAN BLVD#2 STUART, FL 34994 US		£.		SS 88111 18888 1888 1881	
DO NOT WRITE IN THIS SPAC			CE	01202006 4. FEI Numb 65-069		CRZE034 (11	Applied For Not Applicable Additional
8. Rame and Address of Current Registered Agent THURMAN, BARBARA 921 E OCEAN BLVD #2 STUART, FL 34994			DO NOT WRITE IN THIS SPACE				
the obligat	named entity submits this statement for the long of registered agent.	he purpose of changing its register	red office or register	red agent, or bo	th, in the State of Flo	orida. I am familiar	with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and	fille Fapplicable (NOTE Register	ed Agent signature required	5 when reinstating)		DATE	 .
FIL After Ma	E NOW!!! FEE IS \$150,00 ay 1, 2006 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.		.00 May Be led to Fees			
10.	OFFICERS AND D	RECTORS	1				
TIPLE NAME STREET ADDRESS CITY-ST-ZIP	P MULLEN, RONALD 921 E OCEAN BLVD STUART, FL 34994				(የሚጠርነውን	d d D d OF	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	VPST THURMAN, BARBARA 921 E OCEAN BLVD STUART, FL 34994				UCOCOO 1-2 0 0/200	30005-005	158.75
title Name Street Address City-St-Zip				DO	NOT W	RITE	
THLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SF	PACE	
TITLE NAME STREET AOORESS GITY-ST: ZIP							
NAME STREET AUDRESS CITY-ST-218							

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 each, 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: