

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004711

FILED
Apr 21, 2008
Secretary of State

Entity Name: CHINESE TRADITIONAL MEDICINE INSTITUTE, INC.

Current Principal Place of Business:

539 N MILLS AVE
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

539 N MILLS AVE
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 59-3600241

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHEW, CHRISTINE
539 N MILLS AVE
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WU, SHEN
Address: 6679 BOUGANVILLA CRESENT DR
City-St-Zip: ORLANDO, FL 32809

Title: D () Delete
Name: PING, ZHAO
Address: 6679 BONGANVILLE CRESCENT DR
City-St-Zip: ORLANDO, FL 32809

Title: D () Delete
Name: MAO, ELIZA
Address: 6466 CHERRY GROVE CIRCLE
City-St-Zip: ORLANDO, FL 32809

Title: D () Delete
Name: YANCY, HANK MD PHD
Address: 8700 BEVERLY BLVD
City-St-Zip: LOS ANGELES, CA 90048

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: SHEN WU

D

04/21/2008

Electronic Signature of Signing Officer or Director

Date