

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000675

FILED
May 07, 2005
Secretary of State

Entity Name: NATIONAL BOARD OF EXAMINERS IN INTEGRATED/ALTERNATIVE MEDICINE AND NATURAL HEALTH SCIENCE, INC.

Current Principal Place of Business:

PMB 201 - 1133 BAL HARBOR BLVD
STE 1139
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

PMB 201 - 1133 BAL HARBOR BLVD
STE 1139
PUNTA GORDA, FL 33950

New Mailing Address:

FEI Number: 74-2987904 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

THOMPSON, HOWARD O
PMB 201-1133 BAL HARBOR BLVD
STE 1139
PUNTA GORDA, FL 33950 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCTD () Delete
Name: THOMPSON, HOWARD O
Address: 512 BELVEDERE CT
City-St-Zip: PUNTA GORDA, FL

Title: VSD () Delete
Name: MILES, JAMES E
Address: 1911 NORTH AUSTIN AVE., STE 300
City-St-Zip: GEORGETOWN, TX

Title: VD () Delete
Name: GILES, LYDIA J.C
Address: 6406 NW 90TH ST.
City-St-Zip: GAINESVILLE, FL 32653

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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOWARD O. THOMPSON N.M.D.

PCTD

05/07/2005

Electronic Signature of Signing Officer or Director

Date