2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# F08000002214

Entity Name: NU VUE ACUPUNCTURE INC.

Current Principal Place of Business:

8359 BEACON BOULEVARD, #504
FORT MYERS, FL 33907

New Principal Place of Business:

8359 BEACON BOULEVARD, #214
FORT MYERS, FL 33907

Current Mailing Address:

8359 BEACON BOULEVARD, #504
FORT MYERS, FL 33907

New Mailing Address:

8359 BEACON BOULEVARD, #214
FORT MYERS, FL 33907

FEI Number: 26-2510424 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOCK, SHARON
8354 BEACON BOULEVARD, #504
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

BOCK, SHARON
8354 BEACON BOULEVARD, #214
FORT MYERS, FL 33907 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: SHARON BOCK 05/01/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CVT ( ) Delete
Name: BOCK, SHARON
Address: 11620 COURT OF PALMS, #406
City-St-Zip: FORT MYERS, FL 33908

Title: VCPS ( ) Delete
Name: HANAFI, MOUNIR
Address: 11620 COURT OF PALMS, #406
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VCPS (X) Change ( ) Addition
Name: BOCK, SHARON
Address: 11620 COURT OF PALMS, #406
City-St-Zip: FORT MYERS, FL 33908

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

SIGNATURE: SHARON BOCK CVT 05/01/2009
Electronic Signature of Signing Officer or Director Date