

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005360

FILED
Apr 08, 2005
Secretary of State

Entity Name: BOSLEY MEDICAL INSTITUTE, INC.

Current Principal Place of Business:

9100 WILSHIRE BLVD
EAST TOWER PENTHOUSE
BEVERLY HILLS, CA 90212 US

New Principal Place of Business:

Current Mailing Address:

9100 WILSHIRE BLVD
EAST TOWER PENTHOUSE
BEVERLY HILLS, CA 90212 US

New Mailing Address:

FEI Number: 95-4233663 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: OHANESIAN, JOHN R
Address: 9100 WILSHIRE BLVD. EAST TOWER PENTHOUSE
City-St-Zip: BEVERLY HILLS, CA

Title: SVP () Delete
Name: MARKARIAN, ARMEN
Address: 9100 WILSHIRE BLVD., EAST TOWER PENTHOUSE
City-St-Zip: BEVERLY HILLS, CA 90212

Title: CFO () Delete
Name: KATZ, DAVID A
Address: 9100 WILSHIRE BLVD., EAST TOWER PENTHOUSE
City-St-Zip: BEVERLY HILL, CA

Title: SEC () Delete
Name: AULL, ROGER
Address: 9100 WILSHIRE BLVD E TOWER PENTHOUSE
City-St-Zip: BEVERLY HILLS, CA 90212

Title: D () Delete
Name: WATABE, NOBUO
Address: 10 W 55TH STREET
City-St-Zip: NEW YORK, NY 10019

Title: D () Delete
Name: OKAMOTO, TAKAYOSHI
Address: 10 W 55TH STREET
City-St-Zip: NEW YORK, NY 10019

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:

Title: D (X) Change () Addition
Name: MINO, MAMORU
Address: 10 W 55TH STREET
City-St-Zip: NEW YORK, NY 10019

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

SIGNATURE: DAVID A. KATZ

CFO

04/08/2005

Electronic Signature of Signing Officer or Director

_____ Date