2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # G38101 May 01, 2006 08:00 AN Secretary of State 1. Entity Name MEDICAL EDUCATION INFORMATION OFFICE, INC. Principal Place of Business Mailing Address 901 PONCE DE LEON BLVD. 901 PONCE DE LEON BLVD. SUITE 401 **SUITE 401** CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 01302006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2330994 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TIEN, YIFE DO NOT WRITE 901 PONE DE LEON BLVD. SUITE 401 IN THIS SPACE CORAL GABLES, FL 33134 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title it applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE P\$ TIEN, YIFE NAME STREET ADDRESS 901 PONCE DE LEON BLVD STE 401 CITY-ST-ZIP CORAL GABLES, FL 33134 TITLE U00000556364 05/17/06-80008-005 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE

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 eath; 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:

NAME STREET ADDRESS CITY-ST-ZIP

SCHATURE AND INDED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/06 305446-0600