

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001899

FILED  
Jul 29, 2009  
Secretary of State

**Entity Name:** SUPREME SCIENCE QIGONG FOUNDATION INC.

**Current Principal Place of Business:**

300 BAYVIEW DRIVE  
SUITE 904  
SUNNY ISLES, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

300 BAYVIEW DRIVE  
SUITE 904  
SUNNY ISLES, FL 33160

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **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:**

POLLARI, PATRICIA  
7274 NW 63RD WAY  
PARKLAND, FL 33067 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: D ( ) Delete  
Name: DAVIS, JAMES  
Address: 121 ORCHARD LANE  
City-St-Zip: ORMOND BEACH, FL 32176

Title: D ( ) Delete  
Name: PRIMACK, JEFF  
Address: 300 BAYVIEW DRIVE #904  
City-St-Zip: SUNNY ISLES, FL 33160

Title: D ( ) Delete  
Name: WHITAKER, ANNE J  
Address: 300 BAYVIEW DRIVE #904  
City-St-Zip: SUNNY ISLES, FL 33160

Title: D (X) Delete  
Name: DEMALTERIS, VITO  
Address: 5654 BISCAYNE DRIVE  
City-St-Zip: LAKEWORTH, FL 33463

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition  
Name: POLLARI, PATRICIA  
Address: 7274 NW 63RD WAY  
City-St-Zip: PARKLAND, FL 33067

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: JEFF PRIMACK

D

07/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date