2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001899

FILED Jul 29, 2009 Secretary of State

Entity Name: SUPREME SCIENCE QIGONG FOUNDATION INC.

urrent P	rincipal Pla	ce of Business:	New Prir	cipal Place of Business:
	EW DRIVE			
UITE 904		160		
UNINY 15	LES, FL 33	160		
urrent M	lailing Addı	ress:	New Mai	ling Address:
00 BAYVI	EW DRIVE			
UITE 904		160		
UNINY 15	LES, FL 33	160		
	ce with s. 607.	FEI Number Applied For (.193(2)(b), F.S., the corporation	did not receive the prior not	ice.
ame and	Address o	f Current Registered Age	nt: Name an	d Address of New Registered Agent:
274 NW (PATRICIA 53RD WAY D, FL 3306	7 US		
	named entite of Florida.	ty submits this statement fo	r the purpose of changing	its registered office or registered agent, or b
the State	e of Florida.	ty submits this statement fo	r the purpose of changing	its registered office or registered agent, or b
the State	e of Florida. RE:	ty submits this statement fo		its registered office or registered agent, or b Date
the State	e of Florida. RE:	ronic Signature of Registere	ed Agent	
the State	e of Florida. RE: Electr	ronic Signature of Registere	ed Agent	Date
the State GNATUR FFICERS le: ame:	e of Florida. RE:Electr S AND DIRE D DAVIS, JAMI	ronic Signature of Registere ECTORS: () Delete ES	ed Agent ADDITIO Title: Name:	Date NS/CHANGES TO OFFICERS AND DIREC
THE State GNATUR FFICER: ame: ldress:	e of Florida. RE: Electr S AND DIRE D DAVIS, JAMI 121 ORCHA	ronic Signature of Registere ECTORS: () Delete ES RD LANE	ed Agent ADDITIO Title: Name: Address:	Date NS/CHANGES TO OFFICERS AND DIREC
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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