2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004909

FILED Feb 26, 2008 Secretary of State

Entity Name: ACADEMY FOR FIVE ELEMENT ACUPUNCTURE, INC.

Julient F	Principal Place of Business:	New Principal Place of Business:
	HALLANDALE BEACH BLVD DALE, FL 33009 US	305 SE 2ND AVENUE GAINESVILLE, FL 32601 US
Current N	Nailing Address:	New Mailing Address:
	E HALLANDALE BEACH BLVD DALE, FL 33009 US	305 SE 2ND AVENUE GAINESVILLE, FL 32601 US
El Number	r: 65-0621012 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and	d Address of Current Registered Agent:	Name and Address of New Registered Agent:
SUITE 600 MIAMI, FL The above	ADELAND BLVD. 0 . 33156 US	e purpose of changing its registered office or registered agent, or botl
SIGNATU	RE:	
	Electronic Signature of Registered A	Agent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO
itle: lame: ddress: city-St-Zip:	D () Delete BONDE, KIMBERLY 340 MEAD ROAD DECATUR, GA 30030	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Jame: Address: Dity-St-Zip:	D () Delete CARLSON, LARRY 117 PRINCE ST. #3C NEW YORK, NY 10012	Title: () Change () Addition Name: Address: City-St-Zip:
lame: \ddress:	CARLSON, LARRY 117 PRINCE ST. #3C	Name: Address:
lame: Address: City-St-Zip: Title: Jame: Address:	CARLSON, LARRY 117 PRINCE ST. #3C NEW YORK, NY 10012 D () Delete DAVIS, BARBARA 14 C CLAYTON ST	Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
lame: kddress: bity-St-Zip: lame: kddress: bity-St-Zip: litle: lame: kddress: kddress: kddress:	CARLSON, LARRY 117 PRINCE ST. #3C NEW YORK, NY 10012 D () Delete DAVIS, BARBARA 14 C CLAYTON ST ASHVILLE, NC 28801 D () Delete REZNEK, DORIT 1170-A E HALLANDALE BEACH BLVD	Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: D (X) Change () Addition Name: REZNEK, DORIT Address: 305 SE 2ND AVENUE

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: DORIT REZNEK D 02/26/2008