## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000004909

FILED Jan 06, 2010 Secretary of State

Entity Name: ACADEMY FOR FIVE ELEMENT ACUPUNCTURE, INC.

Current Principal Place of Business: New Principal Place of Business:

305 SE 2ND AVENUE

GAINESVILLE, FL 32601 US

Current Mailing Address: New Mailing Address:

305 SE 2ND AVENUE

GAINESVILLE, FL 32601 US

FEI Number: 65-0621012 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CHASE, ALAN R 9400 S. DADELAND BLVD. SUITE 600 MIAMI, FL 33156 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: [

Name: BONDE, KIMBERLY Address: 340 MEAD ROAD City-St-Zip: DECATUR, GA 30030

Title: D

Name: CARLSON, LARRY
Address: 117 PRINCE ST. #3C
City-St-Zip: NEW YORK, NY 10012

Title:

Name: DAVIS, BARBARA
Address: 14 C CLAYTON ST
City-St-Zip: ASHVILLE, NC 28801

Title:

 Name:
 REZNEK, DORIT

 Address:
 305 SE 2ND AVENUE

 City-St-Zip:
 GAINESVILLE, FL 32601

Title:

Name: GERARD, MERRY

Address: 697 WASHINGTON STREET #201

City-St-Zip: NEWTON, MA 02458

Title: [

Name: GOREN, ISAAC

Address: 800 PARKVIEW DRIVE #131 City-St-Zip: HALLANDALE, FL 33009

I hereby 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 all other like empowered.

SIGNATURE: DORIT REZNEZ DIR 01/06/2010