2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 12, 2010
Secretary of State

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Entity Name: ACADEMY FOR FIVE ELEMENT ACUPUNCTURE, INC.

Current Principal Place of Business:

305 SE 2ND AVENUE
GAINESVILLE, FL 32601 US

New Principal Place of Business:

Current Mailing Address:

305 SE 2ND AVENUE
GAINESVILLE, FL 32601 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Title: D
Name: OXFORD-PICKERAL, MISTI
Address: 3415 NW 5TH STREET
City-St-Zip: GAINESVILLE, FL 32609

Title: D
Name: GERARD, MERRY
Address: 697 WASHINGTON STREET #201
City-St-Zip: NEWTON, MA 02458

Title: D
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: MISTI OXFORD-PICKERAL D 07/12/2010

Electronic Signature of Signing Officer or Director Date