2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Oct 01, 2004
Secretary of State

DOCUMENT# N99000004711

Entity Name: CHINESE TRADITIONAL MEDICINE & U S MEDICAL BIOTECHNOLOGY, INC.

Current Principal Place of Business:

922A LUCERNE TERRACE
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

922A LUCERNE TERRACE
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 59-3600241 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAU, ELIZA
6466 CHERRY GROVE CIRCLE
ORLANDO, FL 32809

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 ( ) Delete
Name: WU, SHEN
Address: 6679 BOUGANVILLA CRESENT DR
City-St-Zip: ORLANDO, FL 32809

Title: D ( ) Delete
Name: PING, ZHAO
Address: 6679 BONGANVILLE CRESCENT DR
City-St-Zip: ORLANDO, FL 32809

Title: D ( ) Delete
Name: MAO, ELIZA
Address: 6466 CHERRY GROVE CIRCLE
City-St-Zip: ORLANDO, FL 32809

Title: D ( ) Delete
Name: YANCY, HANK MD PHD
Address: 8700 BEVERLY BLVD
City-St-Zip: LOS ANGELES, CA 90048

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SHEN WU D 10/01/2004

Electronic Signature of Signing Officer or Director — Date