2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2011
Secretary of State

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Entity Name: CHINESE TRADITIONAL MEDICINE INSTITUTE, INC.

Current Principal Place of Business:

539 N MILLS AVE
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

539 N MILLS AVE
ORLANDO, FL 32803 US

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:

CHEW, CHRISTINE
539 N MILLS AVE
ORLANDO, FL 32803 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: WU, SHEN
Address: 6679 BOUGANVILLA CRESENT DR
City-St-Zip: ORLANDO, FL 32809 US

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

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

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: SHEN WU D 01/13/2011

Electronic Signature of Signing Officer or Director Date