

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90215 017 ***150.00

DOCUMENT # P0000071207					
1. Entity Name THE CENTER FOR TRADITIONAL CHINESE MEDICINE, INC.					
Principal Place of Business 1299 SOUTH TAMiami TRAIL SUITE 1209 SARASOTA, FL 34239		Mailing Address 1299 SOUTH TAMiami TRAIL SUITE 1209 SARASOTA, FL 34239			
2. Principal Place of Business 3100 S. Tamiami Trail		3. Mailing Address 3100 S. Tamiami Trail			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Sarasota, FL		City & State Sarasota, FL		4. FEI Number 65-1025279	
Zip 34236		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZHAO, DR. RUANJIN 4440 BEAUCHAMP CT SARASOTA, FL 34243			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ZHAO, DR. RUANJIN		NAME		
STREET ADDRESS	4440 BEAUCHAMP CT		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34243		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LIU, JING		NAME		
STREET ADDRESS	4440 BEAUCHAMP CT		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34243		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____			5/1/06		941/365-8008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

40081410



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