## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000071207

FILED Jan 09, 2007 Secretary of State

Entity Name: THE CENTER FOR TRADITIONAL CHINESE MEDICINE, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	TH TAMIAMI T A, FL 34236	R			
Current Ma	ailing Addres	s:	New Mailing Addre	New Mailing Address:	
	TH TAMIAMI T A, FL 34236	R			
El Number:	65-1025279	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:					
	RUANJIN ICHAMP CT A, FL 34243	US			
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, n the State of Florida.					
SIGNATURE:					
Electronic Signature of Registered Agent				Date	
Election Campaign Financing Trust Fund Contribution().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Fitle: Name: Address: City-St-Zip:	D () ZHAO, DR, RUA 4440 BEAUCHA SARASOTA, FL	MP CT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	D () LIU, JING 4440 BEAUCHA SARASOTA, FL		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JING LIU D 01/09/2007