

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000108893

FILED
Apr 10, 2005
Secretary of State

Entity Name: HAO'S ACUPUNTURE & NATURAL HEALING CENTER, INC.

Current Principal Place of Business:

6020 N FEDERAL HWY
STE 5
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

6020 N FEDERAL HWY
STE 5
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 65-1070772

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAO, YIHONG
6020 N FEDERAL HWY #5
BOCA RATON, FL 33487 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PO () Delete
Name: HAO, YIHONG DR
Address: 21074 BELLA VISTA CIRCLE
City-St-Zip: BOCA RATON, FL 33428

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP () Change (X) Addition
Name: NIU, HUIJUN
Address: 21074 BELLA VISTA CIRCLE
City-St-Zip: BOCA RATON, FL 33428

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YIHONG HAO

P

04/10/2005

Electronic Signature of Signing Officer or Director

Date