2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000115838

FILED Jan 13, 2005 Secretary of State

Entity Name: AURICULAR MEDICNE INTERNATIONAL RESEARCH AND TRAINING CENTER INC.

	rincipal Place	of Business:	New Principal Place	of Business:
	EVIEW DR. RK, FL 32730			
Current Mailing Address:		New Mailing Address:		
	EVIEW DR. RK, FL 32730			
El Number	: 59-3713844	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
:905 LAKI	VILLIAM S EVIEW DR. RK, FL 32730	LIO.		
	XIX, I L 32730	US		
he above			ourpose of changing its registere	ed office or registered agent, or both,
he above	named entity s e of Florida		ourpose of changing its registere	ed office or registered agent, or both,
he above the State	named entity s e of Florida. RE:			ed office or registered agent, or both, Date
The above in the State SIGNATU	named entity s e of Florida. RE: Electroni	ubmits this statement for the p		
The above the State SIGNATUI	named entity s e of Florida. RE: Electroni	ubmits this statement for the position of the position of Signature of Registered Agranust Fund Contribution ().	ent	
The above the State SIGNATUI	e named entity see of Florida. RE: Electronic mpaign Financing S AND DIRECT	ubmits this statement for the particle of Registered Agrange Trust Fund Contribution (). FORS: Delete M S V DR.	ent	Date
The above in the State SIGNATUING Care Care Care Care Care Care Care Care	e named entity see of Florida. RE: Electronic mpaign Financing S AND DIRECT D () HUANG, WILLIA 2905 LAKEVIEW FERN PARK, FL	ubmits this statement for the particle of Registered Agrants Fund Contribution (). FORS: Delete M S V DR. 32730 Delete N V DR.	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

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: DR. WILLIAM S. HUANG DR. 01/13/2005