


**2009 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000115838 1. Entity Name AURICULAR MEDICINE INTERNATIONAL RESEARCH AND TRAINING CENTER INC.	
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FILED
09 FEB -3 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2905 LAKEVIEW DR. FERN PARK, FL 32730	Mailing Address 2905 LAKEVIEW DR. FERN PARK, FL 32730
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3713844	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
HUANG, WILLIAM S 2905 LAKEVIEW DR. FERN PARK, FL 32730	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
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 _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete D HUANG, WILLIAM S 2905 LAKEVIEW DR. FERN PARK, FL 32730
TITLE	<input type="checkbox"/> Delete DP HUANG, LI-CHUN 2905 LAKEVIEW DR. FERN PARK, FL 32730
TITLE	<input type="checkbox"/> Delete DV CHEN, BIAO 2905 LAKEVIEW DR. FERN PARK, FL 32730
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500142712465 02/03/09--01016--022 **150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>[Signature]</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature: William S. Huang]*

[Signature]