2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 02, 2007
Secretary of State

DOCUMENT# P01000039016

Entity Name: BOSTON MEDICAL GROUP, INC.

Current Principal Place of Business:

498 PALM SPRINGS DR
SUITE 335
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

498 PALM SPRINGS DR
SUITE 335
ALTAMONTE SPRINGS, FL 32701 US

Current Mailing Address:

P. O. BOX 14790
IRVINE, CA 926234790 US

New Mailing Address:

498 PALM SPRINGS DR
SUITE 335
ALTAMONTE SPRINGS, FA 32701 US

FEI Number: 52-2325839 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIMPSON, JOAN
498 PALM SPRINGS DR
SUITE 335
ALTAMONTE SPRINGS, FL 32701 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: D ( ) Delete
Name: HA, QUOC
Address: P. O. BOX 14790
City-St-Zip: IRVING, CA 926234790 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: HA, QUOC H
Address: P. O. BOX 14790
City-St-Zip: IRVING, CA 926234790 US

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: QUOC HA D 01/02/2007

Electronic Signature of Signing Officer or Director Date