2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2005
Secretary of State

DOCUMENT# P01000103437

Entity Name: BOSTON MEN'S HEALTH CENTER, INC.

Current Principal Place of Business:

498 PALM SPRINGS DR
STE 335
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 14790
IRVINE, CA 92623 47

New Mailing Address:

FEI Number: 59-3759688 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

QUOC HA
498 PALM SPRING DR. #335
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

HA, QUOC
498 PALM SPRING DR. #335
ALTAMONTE SPRINGS, FL 32701 US

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: QUOC HA 01/04/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: QUOC HUAN, HA
Address: P. O. BOX 14790
City-St-Zip: IRVINE, CA 92623 47

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: QUOC H HA D 01/04/2005
Electronic Signature of Signing Officer or Director Date