2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000032877

Apr 12, 2005 Secretary of State

Entity Name: CLASSICAL ACUPUNCTURE OF ARLINGTON, INC.

Current Principal Place of Business: New Principal Place of Business: 6520 FORT CAROLINE RD JACKSONVILLE, FL 32277 **Current Mailing Address: New Mailing Address:** P. O. BOX 16952 JACKSONVILLE, FL 322450952 FEI Number: 36-4497046 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RUNYAN, MICHAEL 6520 FORT CAROLINE RD. JACKSONVILLE, FL 32277 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition RUNYAN, MICHAEL Name: Name: 4253 COVERED CREEK CT. Address: Address: City-St-Zip: JACKSONVILLE, FL 32277 City-St-Zip: Title: VSD () Delete Title: () Change () Addition Name: RUNYAN, MARY Name: 4253 COVERED CREEK CT. Address: Address: JACKSONVILLE, FL 32277 City-St-Zip: 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: MICHAEL RUNYAN PRES 04/12/2005