2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# P02000065730

Entity Name: FULL MOON ACUPUNCTURE, INC.

Current Principal Place of Business:

10400 GRIFFIN ROAD
204
COOPER CITY, FL 33328

New Principal Place of Business:

10400 GRIFFIN ROAD
106
COOPER CITY, FL 33328

Current Mailing Address:

300 MALLARD RD
WESTON, FL 33327

New Mailing Address:

FEI Number: 04-3684307 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAMI, SAM
8181 W BROWARD BLVD
350
PLANTATION, FL 33324 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: DR ( ) Delete
Name: VILLAMARIN, ALICIA
Address: 300 MALLARD RD
City-St-Zip: WESTON, FL 33327

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 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: ALICIA VILLAMARIN P 03/04/2009

Electronic Signature of Signing Officer or Director — Date