

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000071662

FILED
Jan 02, 2007
Secretary of State

Entity Name: BOSTON MEN'S CLINICS CORP.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 14790.
IRVINE, CA 92623

New Mailing Address:

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

FEI Number: 51-0445430

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSTAMANTE, ALBERT S
255 S ORANGE AVE STE 1700
ORLANDO, FL 32801 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 H
Address: 3080 BRISTOL STREET #650
City-St-Zip: COSTA MESA, CA 92626

Title: D () Delete
Name: SALLIS, RAMSAY
Address: 3080 BRISTOL STREET #650
City-St-Zip: COSTA MESA, CA 92626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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