## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000117315

1. Entity Name

ALLIANCE QI GONG TAIJI, INC.



FILED Feb 09, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

1670 LINCOLN COURT

1670 LINCOLN COURT

SUITE 5 C SUITE 5 C SUITE 5 C MIAMI BEACH, FL 33139 MIAMI BEA

MIAMI BEACH, FL 33139



02032006

No Chg-P

CR2E034 (11/05)

4. FEI Number 81-0581076 Applied F

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MORRIS, JEFFREY 1670 LINCOLN COURT SUITE 5 C MIAMI BEACH, FL 33139

## DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the patient of registered agent.	ourpose of changing its	registered office or r	egistered agent, or b	oth, in the State of Florida. I am familiar with, and ac
SIGNATURE.	Signature, typed or printed name of registered agent and title	Manager Assault	. Baciletane d America (america	e required when reinstating)	DATE
	Organization of Character and States of Section 1990 and	a abblicacie: (14018	. Negistered Agent signatum	e i edoreg auen ranizarină)	LAIE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees	400000400000
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRIS, JEFFEY 1670 LINCOLN COURT SUITE 5 C MIAMI BEACH, FL 33139			- <b>(</b>	15,50,00 <u>-00000</u> -012 130:13
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET AODRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE			1	INI	THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or direct 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 in Block 10 or Block 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
STREET ADDRESS

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