

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000126781

FILED
Apr 30, 2007
Secretary of State

Entity Name: ACUPUNCTURE & HERBAL THERAPIES, INC.

Current Principal Place of Business:

901 CENTRAL AVE
ST PETERSBURG, FL 33705

New Principal Place of Business:

Current Mailing Address:

901 CENTRAL AVE
ST PETERSBURG, FL 33705

New Mailing Address:

FEI Number: 04-3730413

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LINDE, ROBERT G
545 35TH AVE NE
ST PETERSBURG, FL 33704 US

Name and Address of New Registered Agent:

LINDE, ROBERT G
1033 BAY STREET NE
APT 2
ST PETERSBURG, FL 33701 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: ROBERT G LINDE

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: LINDE, ROBERT G AP
Address: 545 35TH AVE NE
City-St-Zip: ST PETERSBURG, FL 33704

Title: DIR (X) Delete
Name: LINDE, ROBIN P
Address: 545 35TH AVE NE
City-St-Zip: ST PETERSBURG, FL 33704

Title: TR (X) Delete
Name: LINDE, ROBERT G AP
Address: 545 35TH AVE NE
City-St-Zip: ST. PETERSBURG, FL 33704 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D, P (X) Change () Addition
Name: LINDE, ROBERT G AP
Address: 1033 BAY STREET APT 2
City-St-Zip: ST PETERSBURG, FL 33701

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 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: ROBERT G LINDE

D, P

04/30/2007

Electronic Signature of Signing Officer or Director

Date