

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000027249

**FILED**  
**Mar 16, 2006**  
**Secretary of State****Entity Name:** ACUPUNCTURE & ORIENTAL MEDICINE NATIONAL COALITION, CORP.**Current Principal Place of Business:**750 EAST SAMPLE ROAD  
POMPANO BEACH, FL 33064**New Principal Place of Business:**4000 TOWERSIDE TERR. #1207  
MIAMI, FL 33138**Current Mailing Address:**PO BOX 5631  
POMPANO BEACH, FL 330745631**New Mailing Address:**PO BOX 5631  
LIGHTHOUSE POINT, FL 330745631**FEI Number:** 83-0349585**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**FREIBERG, RICHARD A  
750 EAST SAMPLE ROAD (3-5)  
POMPANO BEACH, FL 33064 US**Name and Address of New Registered Agent:**REINHARDT, PAUL J  
325 SOUTH JEFFERSON STREET  
BEVERLY HILLS, FL 34465 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: PAUL J. REINHARDT

03/16/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP (X) Delete  
Name: FREIBERG, RICHARD A  
Address: 750 EAST SAMPLE ROAD (3-5)  
City-St-Zip: POMPANO BEACH, FL 33064

Title: DST ( ) Delete  
Name: SONTAG, DAVID N  
Address: 4000 TOWERSIDE TERR. #1207  
City-St-Zip: MIAMI, FL 33138

Title: DV ( ) Delete  
Name: REINHARDT, PAUL J  
Address: 325 SOUTH JEFFERSON STREET  
City-St-Zip: BEVERLY HILLS, FL 34465

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: DPT (X) Change ( ) Addition  
Name: SONTAG, DAVID N  
Address: 4000 TOWERSIDE TERR. #1207  
City-St-Zip: MIAMI, FL 33138

Title: DVS (X) Change ( ) Addition  
Name: REINHARDT, PAUL J  
Address: 325 SOUTH JEFFERSON STREET  
City-St-Zip: BEVERLY HILLS, FL 34465

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: DAVID N. SONTAG

DPT

03/16/2006

Electronic Signature of Signing Officer or Director

Date