

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000065061

FILED
Jan 14, 2005
Secretary of State

Entity Name: TRADITIONAL CHINESE VETERINARY MEDICINE, INC.

Current Principal Place of Business:

9700 W HWY 318
REDDICK, FL 32686

New Principal Place of Business:

Current Mailing Address:

9700W HWY 318
REDDICK, FL 32686

New Mailing Address:

FEI Number: 20-0548706

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

XIE, HUI SHENG S ESQ
9289 SW 31ST PLACE
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

XIE, HUI SHENG P DVM
9289 SW 31ST PLACE
GAINESVILLE, FL 32608 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: HUI SHENG XIE

01/14/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: XIE, HUI SHENG P
Address: 9289 SW 31ST PLACE
City-St-Zip: GAINESVILLE, FL 32608

Title: V () Delete
Name: ZHAO, YANRU V
Address: 9289 SW 31ST PLACE
City-St-Zip: GAINESVILLE, FL 32608

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 Section 119.07(3)(i), 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: YANRU ZHAO

VP

01/14/2005

Electronic Signature of Signing Officer or Director

Date