

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000093584

FILED
Apr 20, 2006
Secretary of State

Entity Name: ASIAN INTEGRATIVE MEDICINE, INC.

Current Principal Place of Business:

409 SOUTH DIXIE HIGHWAY
LAKE WORTH, FL 33460

New Principal Place of Business:

821 SOUTH L. STREET
SUITE 2
LAKE WORTH, FL 33460

Current Mailing Address:

821 SOUTH L STREET
SUITE #2
LAKE WORTH, FL 33460

New Mailing Address:

FEI Number: 20-0179023 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SINGER, BERNARD
3107 STIRLING ROAD STE 105
FT LAUDERDALE, FL 33312 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: CAVALLO, LISA K
Address: 821 SOUTH L. STREET, #2
City-St-Zip: LAKE WORTH, FL 33460

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CAVALLO, LISA K
Address: 821 SOUTH L. STREET, SUITE 2
City-St-Zip: LAKE WORTH, FL 33460

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: LISA K. CAVALLO

D

04/20/2006

Electronic Signature of Signing Officer or Director

_____ Date