

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000116232

FILED
Apr 30, 2008
Secretary of State

Entity Name: MALHOTRA ACUPUNCTURE CENTRE, INC.

Current Principal Place of Business:

2700 SOUTH TAMIAMI TRAIL, SUITE 3
SARASOTA, FL 34231

New Principal Place of Business:

810 CENTRAL AVE.
SARASOTA, FL 34236

Current Mailing Address:

2700 SOUTH TAMIAMI TRAIL, SUITE 3
SARASOTA, FL 34231

New Mailing Address:

P.O. BOX 11163
SARASOTA, FL 34278

FEI Number: 20-0311766

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALHOTRA, TARA D
810 CENTRAL AVE
SARASOTA, FL 34236 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: PSD () Delete
Name: MALHOTRA, TARA D
Address: 2700 SOUTH TAMIAMI TRAIL SUITE 3
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: MALHOTRA, TARA D
Address: 810 CENTRAL AVE.
City-St-Zip: SARASOTA, FL 34236

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: TARA D. MALHOTRA

PSD

04/30/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date