2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2006
Secretary of State

DOCUMENT# P03000133990

Entity Name: MACUPUNCTURE ORIENTAL MEDICINE & PAIN MANAGEMENT CENTER, INC.

Current Principal Place of Business:

507 MAIN STREET
WINDERMERE, FL 34786 US

New Principal Place of Business:

1151 N BLACKWOOD AVENUE
110
OCOEE, FL 34761 US

Current Mailing Address:

507 MAIN STREET
WINDERMERE, FL 34786 US

New Mailing Address:

2582 S MAGUIRE ROAD #324
OCOEE, FL 34761 US

FEI Number: 20-0398632 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MACIVOR, DAVID
507 MAIN STREET
WINDERMERE, FL 34786 US

Name and Address of New Registered Agent:

MACIVOR, DAVID
2582 S MAGUIRE ROAD #324
OCOEE, FL 34761 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: DAVID MACIVOR 05/22/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MACIVOR, DAVID
Address: 507 MAIN STREET
City-St-Zip: WINDERMERE, FL 34786 US

Title: VP (X) Delete
Name: MACIVOR, MICHELINE A
Address: 507 MAIN STREET
City-St-Zip: WINDERMERE, FL 34786 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MACIVOR, DAVID
Address: 249 LARGO CAY COURT #203
City-St-Zip: OCOEE, FL 34761 US

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 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 MACIVOR P 05/22/2006
Electronic Signature of Signing Officer or Director Date