

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000007130

FILED
Apr 27, 2009
Secretary of State

Entity Name: SHUHARI ACUPUNCTURE AND ORIENTAL MEDICINE, INC.

Current Principal Place of Business:

3015 CHIANTI CT.
208
SARASOTA, FL 34237

New Principal Place of Business:

Current Mailing Address:

3015 CHIANTI CT.
208
SARASOTA, FL 34237

New Mailing Address:

FEI Number: 20-0592691

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGINNESS, W. LEE
1800 SECOND ST., STE. 971
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

MOHLER, NATHANIEL
3015 CHIANTI CT.
208
SARASOTA, FL 34237 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: NATHANIEL E. MOHLER

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: MOHLER, NATHANIEL E
Address: 3015 CHIANTI CT. #208
City-St-Zip: SARASOTA, FL 34237

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: NATHANIEL E. MOHLER

PST

04/27/2009

Electronic Signature of Signing Officer or Director

Date