

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000039544

FILED  
Mar 17, 2009  
Secretary of State

Entity Name: BAI HUI ACUPUNCTURE & HEALING, INC

**Current Principal Place of Business:**

806 SOUTH EAST 7TH STREET  
406 C  
DEERFIELD BEACH, FL 33441 US

**New Principal Place of Business:**

**Current Mailing Address:**

806 SOUTH EAST 7TH STREET  
406 C  
DEERFIELD BEACH, FL 33441 US

**New Mailing Address:**

FEI Number: 35-2254636      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CAROTHERS, SCOTT  
10275 W SAMPLE ROAD  
CORAL SPRINGS, FL 33065 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: P ( ) Delete  
Name: DAWES, PAIGE MS  
Address: 806 SOUTH EAST 7TH STREET  
City-St-Zip: DEERFIELD BEACH, FL 33441 US

Title: TREA ( ) Delete  
Name: DAWES, PAIGE MS  
Address: 806 SOUTH EAST 7TH STREET  
City-St-Zip: DEERFIELD BEACH, FL 33441 US

Title: SEC ( ) Delete  
Name: DAWES, PAIGE MS  
Address: 806 SOUTH EAST 7TH STREET  
City-St-Zip: DEERFIELD BEACH, FL 33441 US

Title: DIR ( ) Delete  
Name: DAWES, PAIGE MS  
Address: 806 SOUTH EAST 7TH STREET  
City-St-Zip: DEERFIELD BEACH, FL 33441 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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 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: PAIGE DAWES

P

03/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date