

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000039544

FILED
Apr 05, 2010
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
Name: MONTERROSA, PAIGE D MRS
Address: 806 SOUTH EAST 7TH STREET
City-St-Zip: DEERFIELD BEACH, FL 33441 US

Title: TREA
Name: MONTERROSA, PAIGE D MRS
Address: 806 SOUTH EAST 7TH STREET
City-St-Zip: DEERFIELD BEACH, FL 33441 US

Title: SEC
Name: MONTERROSA, PAIGE D MRS
Address: 806 SOUTH EAST 7TH STREET
City-St-Zip: DEERFIELD BEACH, FL 33441 US

Title: DIR
Name: MONTERROSA, PAIGE D MRS
Address: 806 SOUTH EAST 7TH STREET
City-St-Zip: DEERFIELD BEACH, FL 33441 US

I hereby 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 all other like empowered.

SIGNATURE: PAIGE D. MONTERROSA

P

04/05/2010

Electronic Signature of Signing Officer or Director

_____ Date