


**FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90222 014 ***150.00

DOCUMENT # P06000108771
1. Entity Name
ORIENTAL MEDICAL TRADITIONS INC.



Principal Place of Business Mailing Address
2240 WOOLBRIGHT ROAD **2240 WOOLBRIGHT ROAD**
SUITE 406 **SUITE 406**
BOYNTON BEACH, FL 33426 US **BOYNTON BEACH, FL 33426 US**

40095687



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

04272007 Chg-P CR2E034 (12/06)

City & State City & State

4. FEI Number Applied For
20-5407221 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
IANNUCCI, KATHLEEN L 501 GARDENS DRIVE #202 POMPANO BEACH, FL 33069	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State Zip Code FL

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		IANNUCCI, KATHLEEN L	NAME		
STREET ADDRESS		501 GARDENS DRIVE #202	STREET ADDRESS		
CITY-ST-ZIP		POMPANO BEACH, FL 33069	CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kathleen Iannucci, L. Ac.* Date: 4/29/08 Daytime Phone #: 561-752-4869

KATHLEEN IANNUCCI