

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000108771

FILED  
Apr 25, 2009  
Secretary of State

Entity Name: ORIENTAL MEDICAL TRADITIONS INC.

**Current Principal Place of Business:**

2240 WOOLBRIGHT ROAD  
SUITE 406  
BOYNTON BEACH, FL 33426 US

**New Principal Place of Business:**

5663 N.W. 29TH STREET  
MARGATE, FL 33063 US

**Current Mailing Address:**

501 GARDENS DRIVE  
APT. #202  
POMPANO BEACH, FL 33069 US

**New Mailing Address:**

FEI Number: 20-5407221      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

IANNUCCI, KATHLEEN L  
501 GARDENS DRIVE  
#202  
POMPANO BEACH, FL 33069 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: D      ( ) Delete  
Name: IANNUCCI, KATHLEEN L  
Address: 501 GARDENS DRIVE #202  
City-St-Zip: POMPANO BEACH, FL 33069 US

**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: KATHLEEN IANNUCCI

PRES

04/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date