2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2011
Secretary of State

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Entity Name: ORIENTAL HEALING THERAPY, INC.

Current Principal Place of Business:

889 E. SEMORAN BLVD.
CASELBERRY, FL 32707 US

New Principal Place of Business:

Current Mailing Address:

889 E. SEMORAN BLVD.
CASELBERRY, FL 32707 US

New Mailing Address:

FEI Number: 20-5563587 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRACE, THOMAS
1195 LAKE ROGERS CIRCLE
OVIEDO, FL 32765 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

OFFICERS AND DIRECTORS:

Title: DPS
Name: GRACE, THOMAS
Address: 1195 LAKE ROGERS CIRCLE
City-St-Zip: OVIEDO, FL 32765

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: THOMAS GRACE P 01/26/2011

Electronic Signature of Signing Officer or Director Date