

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000026167

FILED
Apr 12, 2010
Secretary of State

Entity Name: ORIENTAL MEDICINE & MASSAGE, INC.

Current Principal Place of Business:

5601 CORPORATE WAY
SUITE 102
WEST PALM BEACH, FL 33407 US

New Principal Place of Business:

1791 SW CRANE CREEK AVE
PALM CITY, FL 34990 US

Current Mailing Address:

5601 CORPORATE WAY
SUITE 102
WEST PALM BEACH, FL 33407 US

New Mailing Address:

1791 SW CRANE CREEK AVE
PALM CITY, FL 34990 US

FEI Number: 65-0477859

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLTZ MARY MUELLER
5601 CORPORATE WAY
SUITE 102
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

HOLTZ MARY MUELLER
1791 SW CRANE CREEK AVE
PALM CITY, FL 34990 US

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: _____

04/12/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: HOLTZ, MARY M
Address: 1791 SW CRANE CREEK AVE
City-St-Zip: PALM CITY, FL 34990 US

Title: S
Name: HOLTZ, ARNOLD W
Address: 1791 SW CRANE CREEK AVE
City-St-Zip: PALM CITY, FL 34990 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: MARY MUELLER HOLTZ

PRES

04/12/2010

Electronic Signature of Signing Officer or Director

Date