
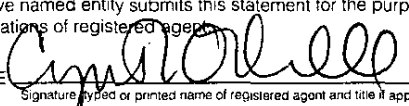
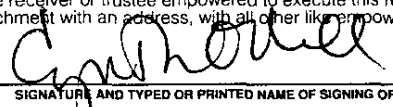


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90023 010 ***158.75

DOCUMENT # P94000060260 1. Entity Name EAST WEST COLLEGE OF NATURAL MEDICINE, INC.			
Principal Place of Business 513 S ORANGE AVE SARASOTA FL 34236		Mailing Address 513 S ORANGE AVE SARASOTA FL 34236	
2. Principal Place of Business 3808 N. TAMiami TRAIL Suite, Apt. #, etc.		3. Mailing Address 3808 N TAMiami TRAIL Suite, Apt. #, etc.	
City & State Sarasota, FL		City & State Sarasota, FL	
Zip 34234		Zip 34234	
Country Sarasota		Country Sarasota	
6. Name and Address of Current Registered Agent O'DONNELL, CYNTHIA 513 S ORANGE AVE SARASOTA FL 34236		7. Name and Address of New Registered Agent Name Cynthia O'Donnell Street Address (P.O. Box Number is Not Acceptable) 3808 N. TAMiami TRAIL City Sarasota FL Zip Code 34234	
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  DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete O'DONNELL, CYNTHIA 505 SOUTH ORANGE AVENUE 3808 N. TAMiami TR. SARASOTA FL 34236 34234	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # _____	



MOORE CR2E034 (11/03)