

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000037018

FILED
Jul 02, 2004
Secretary of State

Entity Name: NI'S ACUPUNCTURE & HERBAL SCIENCES CENTER, INC.

Current Principal Place of Business:

3149 NORTH COURTENAY PKWY
MERRITT ISLAND, FL 32953 US

New Principal Place of Business:

Current Mailing Address:

3149 NORTH COURTENAY PKWY
MERRITT ISLAND, FL 32953 US

New Mailing Address:

FEI Number: 59-3381094

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NI, HAI-SHA
3149 N. COURTENAY PKWY
MERRITT ISLAND, FL 32953 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: NI, HAI-SHA
Address: 3149 N COURTENDY PKWY
City-St-Zip: MERRITT ISLAND, FL 32953

Title: S () Delete
Name: LEE, CHUAN C
Address: 1155 AUDUBON RD
City-St-Zip: MERRITT ISLAND, FL

Title: VP () Delete
Name: MIAO, MENG CHUN
Address: 3149 N COURTENAY PKWY
City-St-Zip: MERRITT ISLAND, FL 32953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HAI SHA NI

D

07/02/2004

Electronic Signature of Signing Officer or Director

Date