## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 02, 2004 8:00 am Secretary of State

ANNUAL REPORT		Secreta	iry or State
DOCUMENT # P9900031687  1. Entity Name ADVANCE QI GONG SCIENCE CENTER, INC.		02-02-2004	90037 042 ***150.00
Applies by consider the contraction of the contract		r de man wester	
Principal Place of Business Mailing Address  922 LUCERNE TERRACE 539 N MILLS AVE ORLANDO, FL 32806 ORLANDO, FL 32806	THE SECTION OF THE PARTY OF THE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		01162004 No Chg-P	CR2E034 (10/03)
DO NOT WRITE IN THIS SP	AUE	4. FEI Number 59-3376882	Applied For Not Applicable  \$8.75 Additional
		5. Certificate of Status Desired_	Fee Required
6. Name and Address of Current Registered Agent			
WU, SHEN		DO NOT W	RITE-
11715 MINTO CT ORLANDO, FL 32837		e in Marie III (1995) al libra	Was a day of the state of
ONDANDO, FE 32037		IN THIS SP	
8. The above named entity submits this statement for the purpose of changing its reg	istered office or registere	ed agent, or both, in the State of Flo	rida. I am familiar with, and accept
the obligations of registered agent.	<u>1</u>		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Re	gistered Agent signature required	when reinstating)	DATE
Signature, typed or primed name of registerios again, and the respondent			
FILE NOW!!! FEE IS \$150.00 9. Election Campaign After May 1; 2004 Fee will be \$550.00	Financing \$5.	00 May Be ed to Fees	·
10. CONTROL SOFFICERS AND DIRECTORS			
TITISE P WU, SHEN			
NAME WU, SHEN STREET ADDRESS 6679 BOUGAMILLEN CRESCENT DR			
CITY-ST-ZIP ORLANDO, FL 32809			
TINLE			
NAME Street address			
CITY-ST-ZIP			
TITLE		Franklich Composition	
NAME STREET ADDRESS			
CITY-ST-ZIP		DO NOT W	#奶店生活 经基本工作 - 安全工艺等 生 (1911年 - 41)
TITLE		IN THIS SP	ACE .
NAME STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME STREET ADDRESS			
CITY-ST-ZIP			
mile and the results of the second of the se			
STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for it indicated on this report or supplemental report is true and accurate and that my of the corporation or the receiver or trustee empowered to execute this report as changed, or on an attachment with an address, with all other like empowered.	ne exemption stated in Se signature shall have the required by Chapter 60	action 119.07(3)(i), Florida Statutes, same legal effect as if made under 7, Florida Statutes; and that my nam	I further certify that the information oath; that I am an officer or director to appears in Block 10 or Block 11 if
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF	DIRECTOR	Date	Oaytime Phone #