

Exhibit B

Longevity International Enterprises Corporation

Application Form For Use of Sun Yat Sen Cultural Center

Date: / /

Name of Organization :	Contact Tel :							
	Fax :							
Person in Charge :	Contact Tel :							
	Fax :							
Content of Activity :	No. of Attendance :							
	Period : From							
	to							
Facility Required : (Please check)	Time : (Please specify hours)							
A 、 Classroom :	Date							
<input type="checkbox"/> 201 <input type="checkbox"/> 202 <input type="checkbox"/> 203 <input type="checkbox"/> 204 <input type="checkbox"/> 205	Time	Sun	Mon	Tue	Wed	Thu	Fri	Sat
<input type="checkbox"/> 206 <input type="checkbox"/> 207								
<input type="checkbox"/> 301 <input type="checkbox"/> 302 <input type="checkbox"/> 303 <input type="checkbox"/> 304 <input type="checkbox"/> 305	AM							
<input type="checkbox"/> 306 <input type="checkbox"/> 307								
B 、 Office :	PM							
<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F								
C 、 Gym :	Evening							
<input type="checkbox"/> Yes (____ room/s) <input type="checkbox"/> No								
D 、 Kitchen/Storage :								
<input type="checkbox"/> Yes <input type="checkbox"/> No								
E 、 Others (Please specify) :								
<input type="checkbox"/> _____								
Remark :								