2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007
Secretary of State

DOCUMENT# P03000001925

Entity Name: RIVERA CHIROPRACTIC INC.

Current Principal Place of Business:

23520 SR 54
LUTZ, FL 33559

New Principal Place of Business:

23520 SR 54
102
LUTZ, FL 33559

Current Mailing Address:

23520 SR 54
LUTZ, FL 33559

New Mailing Address:

23520 SR 54
102
LUTZ, FL 33559

FEI Number: 81-0590093 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIVERA, ELLIOT M
5300 WINDINGBROOK TRAIL
WELY CHAPEL, FL 33543 US

Name and Address of New Registered Agent:

RIVERA, ELLIOT M
26308 WESLEY CHAPEL BLVD
LUTZ, FL 33559 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: ELLIOT M RIVERA 03/22/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: RIVERA, ELLIOT M
Address: 5300 WINDINGBROOK TRAIL
City-St-Zip: WESLEY CHAPEL, FL 33543

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: RIVERA, ELLIOT M
Address: 23520 SR 54
City-St-Zip: LUTZ, FL 33559

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ELLIOT M RIVERA P 03/22/2007
Electronic Signature of Signing Officer or Director Date