

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 10, 2007 08:00**  
**Secretary of State**

DOCUMENT # P98000082098  
 1. Entity Name  
 AAA CHIROPRACTIC, INC.



Principal Place of Business      Mailing Address  
 5431 FOLEY SQUARE      5431 FOLEY SQUARE  
 NEW PORT RICHEY, FL 34652      NEW PORT RICHEY, FL 34652



01162007      No Chg-P      CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3562338	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 DE GRACE, JAMES W DR.  
 5431 FOLEY SQUARE  
 NEW PORT RICHEY, FL 34652

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

000000764820  
 05/31/07-80013-002 155.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DE GRACE, JAMES W 5431 FOLEY SQUARE NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 # \_\_\_\_\_