


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

03-17-2006 90142 041 ***150.00

DOCUMENT # K26518

1. Entity Name
ABC CHIROPRACTIC THERAPEUTIC WELLNESS, INC.,
JEFFREY S. HOFFMAN, DC, PA



Principal Place of Business Mailing Address

3491 WOOLBRIGHT ROAD **6542 NEWPORT LK CIRCLE**
BAY #3 **BOCA RATON, FL 33496**
BOYNTON BEACH, FL 33436

66008316



03092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0054809 Not Applicable

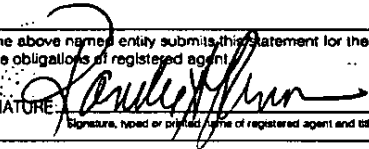
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HOFFMAN, RANDIE H.
6542 NEWPORT CK CIR
BOCA RATON, FL 33496

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:  DATE: _____

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

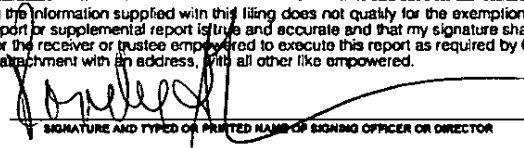
9.-Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	HOFFMAN, JEFFREY S.
STREET ADDRESS	6541 NEWPORT LAKE CIR
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	T
NAME	HOFFMAN, RANDIE
STREET ADDRESS	6542 NEWPORT LK CIR
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:  Date: **3/27/06** Caydms Phone #: **561 2714187**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR