


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 05, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F01000001749</b> 1. Entity Name NEURAL ENGINEERING CLINIC, INC.	
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Principal Place of Business 330 HAMMOCK SHORE DRIVE MELBOURNE BEACH, FL 32951	Mailing Address 330 HAMMOCK SHORE DRIVE MELBOURNE BEACH, FL 32951
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**DO NOT WRITE IN THIS SPACE**



05302006 No Chg-NP CR2E037 (4/06)

4. FEI Number 01-0494502	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, ROSS MD  
330 HAMMOCK SHORE DRIVE  
MELBOURNE BEACH, FL 32951

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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 renewing) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD DAVIS, ROSS M.D. 330 HAMMOCK SHORE DRIVE MELBOURNE BEACH, FL 32951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VANSTEENBERG, INGRID 331 COMMERCIAL ST ROCKPORT, ME 04856
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EMMONS, SANDRA R1#685 RICHMOND, ME 04357
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U0000056687  
06/05/06-80003-004 70.00

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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 617, 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:** Ross Davis ROSS DAVIS 5/30/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #