

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K72505

FILED
Apr 15, 2009
Secretary of State

Entity Name: CAMERON CHIROPRACTIC AND HOLISTIC HEALTHCARE, INC.

Current Principal Place of Business:

C/O COREY CAMERON
2151 E. COMMERCIAL BLVD., STE. 202
FT. LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

C/O COREY CAMERON
2151 E. COMMERCIAL BLVD., STE. 202
FT. LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 65-0115790

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CAMERON, COREY
2151 E. COMMERCIAL BLVD.
STE. 202
FT. LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CAMERON, COREY
Address: 2151 E. COMMERCIAL BLVD., STE. 202
City-St-Zip: FT. LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: CAMERON, COREY
Address: 2151 E. COMMERCIAL BLVD., STE. 202
City-St-Zip: FT. LAUDERDALE, FL 33308

I hereby certify that the information supplied with this filing does not qualify 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: COREY CAMERON

DR

04/15/2009

Electronic Signature of Signing Officer or Director

Date