2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L88323

Entity Name: CARTER CHIROPRACTIC INSTITUTE, INC.

FILED Jan 29, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

343 N 11 STREET 7270 NE 138 TER

FLAGLER BEACH, FL 32136 US WILLISTON, FL 32696 US

Current Mailing Address: New Mailing Address:

343 N 11 STREET 7270 NE 138 TER

FLAGLER BEACH, FL 32136 US WILLISTON, FL 32696 US

FEI Number: 65-0213119 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CARTER, ROBERT V. CARTER, ROBERT V. 343 N 11 STREET 7270 NE 138 TER

FLAGLER BEACH, FL 32136 US WILLISTON, FL 32696 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: ROBERT V. CARTER 01/29/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 CARTER, ROBERT V.,
 Name:
 CARTER, ROBERT V.,

 Address:
 343 N 11 STREET
 Address:
 7270 NE 138 TER

 City-St-Zip:
 FLAGLER BEACH, FL 32136
 City-St-Zip:
 WILLISTON, FL 32696

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: ROBERT V. CARTER D 01/29/2006