

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M68694

FILED
Apr 29, 2006
Secretary of State

Entity Name: LAKE WALES CHIROPRACTIC CENTER, INC.

Current Principal Place of Business:

343 W CENTRAL AVE
STE 3
LAKE WALES, FL 33853

Current Mailing Address:

% RONALD L. HARRELL
445 S 4TH ST
LAKE WALES, FL 33853

New Principal Place of Business:

343 W CENTRAL AVE
STE. 3
LAKE WALES, FL 33853 US

New Mailing Address:

343 WEST CENTRAL AVE.
STE.3
LAKE WALES, FL 33853 US

FEI Number: 59-2897275

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRELL, RONALD L.
445 S 4TH ST
LAKE WALES, FL 33853 US

Name and Address of New Registered Agent:

HARRELL, RONALD L.
343 WEST CENTRAL AVE.
STE. 3
LAKE WALES, FL 33853 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:

04/29/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HARRELL, RONALD L.,
Address: 2013 VARNER CIRCLE
City-St-Zip: WINTER HAVEN, FL 33884

Title: VP () Delete
Name: HARVELL, SUZANNE
Address: 343 W CENTRAL AVE S 3
City-St-Zip: LAKE WALES, FL 33853

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HARRELL, RONALD L.,
Address: 343 WEST CENTRAL AVE. STE. 3
City-St-Zip: LAKE WALES, FL 33853 US

Title: VP (X) Change () Addition
Name: HARRELL, SUZANNE
Address: 343 W CENTRAL AVE S 3
City-St-Zip: LAKE WALES, FL 33853 US

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: RONALD L. HARRELL

PD

04/29/2006

Electronic Signature of Signing Officer or Director

Date