2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006
Secretary of State

DOCUMENT# P00000058085

Entity Name: MOSHER CHIROPRACTIC, P.A.

Current Principal Place of Business:

6205 9TH ST S
ST PETERSBURG, FL 33706

New Principal Place of Business:

6205 9TH ST S
ST PETERSBURG, FL 33705

Current Mailing Address:

6205 9TH ST S
ST PETERSBURG, FL 33706

New Mailing Address:

6205 9TH ST S
ST PETERSBURG, FL 33705

FEI Number: 59-3658408 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOSHER, PETER D
6205 9TH ST S
ST PETERSBURG, FL 33706 US

Name and Address of New Registered Agent:

MOSHER, PETER D
6205 9TH ST S
ST PETERSBURG, FL 33705 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: _____ 02/17/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MOSHER, PETER D
Address: 6205 9TH ST S
City-St-Zip: ST PETERSBURG, FL 33706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MOSHER, PETER D
Address: 6205 9TH ST S
City-St-Zip: ST PETERSBURG, FL 33705

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: PETER D MOSHER PRES 02/17/2006
Electronic Signature of Signing Officer or Director — Date