

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000094944

FILED
Apr 25, 2006
Secretary of State

Entity Name: INLINE SPORTS CHIROPRACTIC, INC.

Current Principal Place of Business:

959 EAST COMMERCIAL BLVD
FORT LAUDERDALE, FL 33334

New Principal Place of Business:

959 EAST COMMERCIAL BLVD.
FT. LAUDERDALE, FL 33334

Current Mailing Address:

PO BOX 670353
CORAL SPRINGS, FL 33067

New Mailing Address:

FEI Number: 65-7049976

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLATKIN, SHELDON T
9900 W SAMPLE ROAD SUITE 400
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

SLATKIN, EVAN J
959 EAST COMMERCIAL BLVD.
FT. LAUDERDALE, FL 33334 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: EVAN J. SLATKIN

04/25/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SLATKIN, EVAN J
Address: 959 EAST COMMERCIAL BLVD
City-St-Zip: FORT LAUDERDALE, FL 33334

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: SLATKIN, EVAN J
Address: 959 EAST COMMERCIAL BLVD.
City-St-Zip: FT. LAUDERDALE, FL 33334

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: EVAN J. SLATKIN

PS

04/25/2006

Electronic Signature of Signing Officer or Director

Date