

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000006481

FILED  
Feb 16, 2011  
Secretary of State

Entity Name: AGAPE CHIROPRACTIC, INC.

## Current Principal Place of Business:

500 SOUTH CYPRESS ROAD  
SUITE #4  
POMPANO BEACH, FL 33060

## Current Mailing Address:

421 SE 4TH AVE.  
POMPANO BEACH, FL 33060

## New Principal Place of Business:

500 SOUTH CYPRESS ROAD  
SUITE #4  
POMPANO BEACH, FL 33060 US

## New Mailing Address:

421 SE 4TH AVE.  
POMPANO BEACH, FL 33060 US

FEI Number: 65-1089282

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HALEY, AMANDA  
421 SE 4TH AVE  
POMPANO BEACH, FL 33060 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

## OFFICERS AND DIRECTORS:

Title: D  
Name: HALEY, AMANDA  
Address: 421 SE 4TH AVE  
City-St-Zip: POMPANO BEACH, FL 33060 US

Title: D  
Name: HALEY, MICHAEL  
Address: 421 SE 4TH AVE  
City-St-Zip: POMPANO BEACH, FL 33060 US

I hereby 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 all other like empowered.

SIGNATURE: AMANDA HALEY

PRES

02/16/2011

Electronic Signature of Signing Officer or Director

Date