


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000068363		
1. Entity Name CHRISTIAN CHIROPRACTIC, INC.		
Principal Place of Business 4817 CORTEZ RD W BRADENTON, FL 34210		Mailing Address 4817 CORTEZ RD W BRADENTON, FL 34210
DO NOT WRITE IN THIS SPACE		
		01032007 No Chg-P CR2E034 (11/05)
4. FEI Number 65-1120024		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
THOMPSON, CHRISTIAN R D.C. 4817 CORTEZ RD W BRADENTON, FL 34210		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON, CHRISTIAN R D.C. 4817 CORTEZ RD W BRADENTON, FL 34210	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  Christian Thompson Date: 4/20/07 Daytime Phone # _____		