2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2006
Secretary of State

DOCUMENT# P02000129415

Entity Name: ATLAST PAIN & INJURY SOLUTIONS INC.

Current Principal Place of Business:

110 CENTURY BLVD
2ND FLR.
WEST PALM BEACH, FL 33417 US

New Principal Place of Business:

Current Mailing Address:

110 CENTURY BLVD
2ND FLR
WEST PALM BEACH, FL 33417 US

New Mailing Address:

FEI Number: 57-1160906 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SLUSHER, JEREMY ESQ
C/O BROAD AND CASSEL
ONE NORTH CLEMATIS STREET SUITE 500
WEST PALM BEACH, FL 33401 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ESTEBAN, RUBY
Address: 110 CENTURY BLVD
City-St-Zip: WEST PALM BEACH, FL 33417 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MATTHEW SACCO D 07/14/2006

Electronic Signature of Signing Officer or Director Date