2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2004
Secretary of State

DOCUMENT# P03000017963

Entity Name: EDISON CHIROPRACTIC, INC.

Current Principal Place of Business:

4125 CLEVELAND AVE STE #119
FT MYERS, FL 33901

New Principal Place of Business:

4144-2 CLEVELAND AVENUE
FT MYERS, FL 33901

Current Mailing Address:

4125 CLEVELAND AVE STE #119
FT MYERS, FL 33901

New Mailing Address:

4144-2 CLEVELAND AVENUE
FT MYERS, FL 33901

FEI Number: 65-1175617 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WANDERSON, THOMAS
868 106TH AVE NORTH
NAPLES, FL 34108 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: REYNOLDS, TANYA
Address: 4125 CLEVELAND AVE STE #119
City-St-Zip: FT MYERS, FL 33901

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: REYNOLDS, TANYA
Address: 4144-2 CLEVELAND AVENUE
City-St-Zip: FT MYERS, FL 33901

Title: VP ( ) Change (X) Addition
Name: REYNOLDS, TANYA
Address: 4144-2 CLEVELAND AVENUE
City-St-Zip: FT MYERS, FL 33901

Title: ST ( ) Change (X) Addition
Name: REYNOLDS, TANYA
Address: 4144-2 CLEVELAND AVENUE
City-St-Zip: FT MYERS, FL 33901

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TANYA REYNOLDS D 02/10/2004

Electronic Signature of Signing Officer or Director — Date