2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005
Secretary of State

DOCUMENT# P03000022581

Entity Name: NEW LIFE CHIROPRACTIC AND THERAPY CENTER, INC.

Current Principal Place of Business:

2335 STANFORD COURT, SUITE 502
NAPLES, FL 34112

New Principal Place of Business:

225 AIRPORT PULLING RD S
NAPLES, FL 34104

Current Mailing Address:

2335 STANFORD COURT, SUITE 502
NAPLES, FL 34112

New Mailing Address:

225 AIRPORT PULLING RD S
NAPLES, FL 34104

FEI Number: 42-1575813 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORALES, NEIL ESQ.
LAW OFFICE OF MICHAEL R. PINTER, P.A.
4328 CORPORATE SQUARE, SUITE C
NAPLES, FL 34104 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: FORTES, MIRIAM
Address: 2335 STANFORD COURT, SUITE 502
City-St-Zip: NAPLES, FL 34112

Title: D ( ) Delete
Name: TEJEDA-SOTO, LAURA
Address: 2335 STANFORD COURT, SUITE 502
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: FORTES, MIRIAM
Address: 225 AIRPORT PULLING RD S
City-St-Zip: NAPLES, FL 34104

Title: D (X) Change ( ) Addition
Name: TEJEDA-SOTO, LAURA
Address: 225 AIRPORT PULLING RD S
City-St-Zip: NAPLES, FL 34104

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: MIRIAM FORTES D 04/13/2005

Electronic Signature of Signing Officer or Director — Date