2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000022581

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

FILED May 03, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
225 AIRPO NAPLES, F	ORT PULLING FL 34104	RDS			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
225 AIRPO NAPLES, F	ORT PULLING FL 34104	RDS			
FEI Number:	: 42-1575813	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
LAW OFFI 4328 COR	S, NEIL ESQ. ICE OF MICH, PORATE SQI FL 34104 US	AEL R. PINTER, P.A. JARE, SUITE C			
	named entity of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
		93(2)(b), F.S., the corporation did no	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	FORTES, MIR	PULLING RD S	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	TEJEDA-SOT	PULLING RD S	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: MIRIAM FORTES P 05/03/2006