2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005
Secretary of State

DOCUMENT# P03000110663

Entity Name: XTREME CHIROPRACTIC & REHAB, INC.

Current Principal Place of Business:

5185 S. UNIVERSITY DRIVE
DAVIE, FL 33328 US

New Principal Place of Business:

1633 N HIATUS ROAD
PEMBROKE PINES, FL 33026 US

Current Mailing Address:

5185 S. UNIVERSITY DRIVE
DAVIE, FL 33328 US

New Mailing Address:

1633 N HIATUS ROAD
PEMBROKE PINES, FL 33026 US

FEI Number: 20-0243398 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GORDON, ROBERT D
1308 ALEXANDER BEND
WESTON, FL 33327 US

Name and Address of New Registered Agent:

GORDON, ROBERT D
510 LIVE OAK LANE
WESTON, FL 33327 US

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: ROBERT GORDON 02/14/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GORDON, ROBERT D
Address: 1308 ALEXANDER BEND
City-St-Zip: WESTON, FL 33327

Title: VP (X) Delete
Name: KOULOUVANS, LOUIS C
Address: 2495 SW 82ND AVE #202
City-St-Zip: FORT LAUDERDALE, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: ROBERT GORDON P 02/14/2005
Electronic Signature of Signing Officer or Director Date