2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# P03000110663

Entity Name: XTREME CHIROPRACTIC & REHAB, INC.

Current Principal Place of Business:

1633 N HIATUS ROAD
PEMBROKE PINES, FL 33026 US

New Principal Place of Business:

Current Mailing Address:

1633 N HIATUS ROAD
PEMBROKE PINES, FL 33026 US

New Mailing Address:

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
510 LIVE OAK LANE
WESTON, FL 33327 US

Name and Address of New Registered Agent:

GORDON, ROBERT D
1633 N HIATUS ROAD
PEMBROKE PINES, FL 33026 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 03/23/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GORDON, ROBERT D
Address: 510 LIVE OAK LANE
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GORDON, ROBERT D
Address: 1633 N HIATUS ROAD
City-St-Zip: PEMBROKE PINES, FL 33026

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT GORDON P 03/23/2009
Electronic Signature of Signing Officer or Director Date