

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000123649

FILED
Feb 17, 2006
Secretary of State

Entity Name: LAKE WORTH CHIROPRACTIC ASSOCIATES, INC.

Current Principal Place of Business:

5317 LAKE WORTH ROAD
LAKE WORTH, FL 33463

New Principal Place of Business:

5315 LAKE WORTH ROAD
LAKE WORTH, FL 33463

Current Mailing Address:

5317 LAKE WORTH ROAD
LAKE WORTH, FL 33463

New Mailing Address:

5315 LAKE WORTH ROAD
LAKE WORTH, FL 33463

FEI Number: 20-0353237

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LASTOFSKY, DARREN
5317 LAKE WORTH ROAD
LAKE WORTH, FL 33463 US

Name and Address of New Registered Agent:

LASTOFSKY, DARREN
5315 LAKE WORTH ROAD
LAKE WORTH, FL 33463 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: DARREN LASTOFSKY

02/17/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LASTOFSKY, DARREN
Address: 5317 LAKE WORTH ROAD
City-St-Zip: LAKE WORTH, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LASTOFSKY, DARREN
Address: 5315 LAKE WORTH ROAD
City-St-Zip: LAKE WORTH, FL 33463

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: DARREN LASTOFSKY

PRES

02/17/2006

Electronic Signature of Signing Officer or Director

Date