2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005
Secretary of State

DOCUMENT# P03000127662

Entity Name: CHIROPRACTIC WELLNESS CENTER, INC.

Current Principal Place of Business:

3115 W COLUMBUS DRIVE
109
TAMPA, FL 33607

New Principal Place of Business:

10031 N. DALE MABRY HWY
A
TAMPA, FL 33618

Current Mailing Address:

3115 W COLUMBUS DRIVE
109
TAMPA, FL 33607

New Mailing Address:

10031 N DALE MABRY HWY
A
TAMPA, FL 33618

FEI Number: 27-0023993 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSA, YVETTE DR
3115 W COLUMBUS DRIVE
109
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

ROSA, YVETTE DR
10031 N. DALE MABRY HWY
A
TAMPA, FL 33618 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: _____ 02/16/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MORREALE, ELENA M DR
Address: 10031A N DALE MABRY HWY
City-St-Zip: TAMPA, FL 33618

Title: VP ( ) Delete
Name: ROSA, YVETTE DR
Address: 3115 W COLUMBUS DRIVE STE 109
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MORREALE, ELENA M DR
Address: 10031A N DALE MABRY HWY STE A
City-St-Zip: TAMPA, FL 33618

Title: VP (X) Change ( ) Addition
Name: ROSA, YVETTE DR
Address: 10031 N DALE MABRY HWY STE A
City-St-Zip: TAMPA, FL 33618

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: DR. ELENA M MORREALE P 02/16/2005
Electronic Signature of Signing Officer or Director — Date