2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006
Secretary of State

DOCUMENT# P03000146822

Entity Name: EXCELLENT CARE CHIROPRACTIC CENTER INC.

Current Principal Place of Business:

6595 NW 36TH ST SUITE 304-2
MIAMI, FL 33166

New Principal Place of Business:

6595 NW 36TH STREET
SUITE 304-2
MIAMI, FL 33166

Current Mailing Address:

6595 NW 36TH ST SUITE 304-2
MIAMI, FL 33166

New Mailing Address:

6595 NW 36TH STREET
SUITE 304-2
MIAMI, FL 33166

FEI Number: 59-3773541 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIMON, ORLAIDA
11061 SW 63RD TERRACE
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

SIMON, ORLAIDA
2890 SW 135TH AVE
MIAMI, FL 33175 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: 07/17/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SIMON, ORLAIDA
Address: 11061 SW 63 TERR
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SIMON, ORLAIDA
Address: 2890 SW 135TH AVE
City-St-Zip: MIAMI, FL 33175

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: ORLAIDA SIMON P 07/17/2006
Electronic Signature of Signing Officer or Director Date