2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2005
Secretary of State

DOCUMENT# P04000028917

Entity Name: DELRAY BEACH FAMILY CHIROPRACTIC CENTER INC

Current Principal Place of Business:

990 SOUTH CONGRESS AVE
STE 6
DELRAY BEACH, FL 33445 US

New Principal Place of Business:

Current Mailing Address:

990 SOUTH CONGRESS AVE
STE 6
DELRAY BEACH, FL 33445 US

New Mailing Address:

FEI Number: 20-0725726 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

THEODORE, EDNER
2413 LAKE DEBRA DR
APT 1212
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

THEODORE, EDNER
9536 CASTLEFORD POINT
ORLANDO, FL 32836 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: _____ 07/01/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: THEODORE, EDNER
Address: 2413 LAKE DEBRA DR APT 1212
City-St-Zip: ORLANDO, FL 32835 US

Title: VP ( ) Delete
Name: DELVA, FEGHENS
Address: 4026A VILLAGE DR
City-St-Zip: DELRAY BEACH, FL 33445 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: THEODORE, EDNER
Address: 9536 CASTLEFORD POINT
City-St-Zip: ORLANDO, FL 32836 US

Title: VP (X) Change ( ) Addition
Name: DELVA, FEGHENS
Address: 1121 FOSTERS MILL DR
City-St-Zip: BOYTON BEACH, FL 33436 US

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: EDNER THEODORE P 07/01/2005
Electronic Signature of Signing Officer or Director — Date