

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000078711 1. Entity Name CULLUM CHIROPRACTIC CENTERS, INC.						FILED 05 NOV -8 AM 11:44 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 130 4TH AVENUE SOUTH JACKSONVILLE BEACH, FL 32250				Mailing Address 130 4TH AVENUE SOUTH JACKSONVILLE BEACH, FL 32250					
2. Principal Place of Business		3. Mailing Address 920 THIRD STREET							
Suite, Apt. #, etc. SUITE D		Suite, Apt. #, etc. SUITE D						10312005 Chg-P CR2E034 (10/03)	
City & State NEPTUNE BEACH, FL		City & State NEPTUNE BEACH, FL						4. FEI Number 74-3121744	
Zip 32266		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent CULLUM, FOSTER IV 130 4TH AVENUE SOUTH JACKSONVILLE BEACH, FL 32250				7. Name and Address of New Registered Agent Name STEPHEN A. HOULD Street Address (P.O. Box Number is Not Acceptable) 920 THIRD STREET, SUITE D City NEPTUNE BEACH FL Zip Code 32266					
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>[Signature]</i></u> STEPHEN A. HOULD 10/31/2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>									
FILE NOW!!! FEE IS \$150.00 Due by September 16, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CULLUM, FOSTER IV 130 4TH AVENUE SOUTH JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S AND T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CULLUM, FOSTER IV 130 4TH AVENUE SOUTH JACKSONVILLE BEACH, FL 32250 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.									
SIGNATURE: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				11-3-05 <small>Date</small>		904-249-2049 <small>Daytime Phone #</small>			

T. Lewis 11/8/05