


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**


05-02-2007 90050 004 \*\*\*150.00

<b>DOCUMENT # P04000079604</b> 1. Entity Name CHIRO-TECH, INC.	
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Principal Place of Business 1050 SW ROMAINE LN PORT SAINT LUCIE, FL 34953	Mailing Address <del>8481 NW 26TH PLACE</del> 1050 S.W. Romaine Ln. <del>SUNRISE, FL 33322</del> Port St. Lucie FL 34953
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**DO NOT WRITE IN THIS SPACE**

400010000



03162007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1154780	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

EDWY, STUART P  
1050 SW ROMAINE LN  
PORT SAINT LUCIE, FL 34953

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_


<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EDWY, STUART P 1050 SW ROMAINE LN PORT SAINT LUCIE, FL 34953
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  Stuart P. Edwy 4-17-07 954-536-7702

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone \*