

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000100639

Entity Name: CHIROPRACTIC 911, INC.

FILED
Apr 26, 2005
Secretary of State

Current Principal Place of Business:

500 N.W. 141 AVE.
201
PEMBROKE PINES, FL 33028 US

New Principal Place of Business:

2065 S.W. 185 AVE..
MIRAMAR, FL 33029 US

Current Mailing Address:

500 N.W. 141 AVE.
201
PEMBROKE PINES, FL 33028 US

New Mailing Address:

2065 S.W. 185 AVE.
MIRAMAR, FL 33029 US

FEI Number: 76-0762421

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARLIN, KEVIN PRES.
500 N.W. 141 AVE.
201
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

MARLIN, KEVIN PRES.
2065 S.W. 185 AVE.
MIRAMAR, FL 33029 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: KEVIN MARLIN

04/26/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MARLIN, KEVIN PRES.
Address: 500 N.W. 141 AVE. #201
City-St-Zip: PEMBROKE PINES, FL 33028 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MARLIN, KEVIN PRES.
Address: 2065 S.W. 185 AVE.
City-St-Zip: MIRAMAR, FL 33029 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: KEVIN MARLIN

P

04/26/2005

Electronic Signature of Signing Officer or Director

Date