
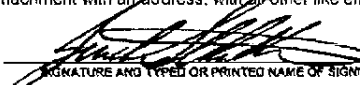


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000122215</b>		
1. Entity Name <b>FAMILY CHIROPRACTIC WORKS SOUTH, INC.</b>		
Principal Place of Business <b>8809 COMMODITY CIRCLE SUITE 3 ORLANDO, FL 32819</b>	Mailing Address <b>8809 COMMODITY CIRCLE SUITE 3 ORLANDO, FL 32819</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>DRAVES, DONNA L 120 E. CONCORD STREET ORLANDO, FL 32801</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: registered agent signature required when reappointing)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILBERSTEIN, CRAIG I 8809 COMMODITY CIRCLE, SUITE 3 ORLANDO, FL 32819	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILBERSTEIN, JARED 8809 COMMODITY CIRCLE, SUITE 3 ORLANDO, FL 32819	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/29/06 Date (907) 854-0009 Daytime Phone #



03272006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>27-0101394</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

000000484458  
04/12/06-SOU44-001 150.00

**DO NOT WRITE  
IN THIS SPACE**