

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000130742

FILED
Jul 05, 2005
Secretary of State

Entity Name: MAGIC CHIROPRACTIC CLINIC, INC.

Current Principal Place of Business:

600 W OAKRIDGE ROAD SUITE 3
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

600 W OAKRIDGE ROAD SUITE 3
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 20-1642495

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOUIS, RONY R
600 W OAKRIDGE ROAD SUITE 3
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LOUIS, RONY R
Address: 600 W OAKRIDGE ROAD SUITE 3
City-St-Zip: ORLANDO, FL 32809

Title: D () Delete
Name: RAPHAEL, CHESNEL
Address: 600 W OAKRIDGE ROAD SUITE 3
City-St-Zip: ORLANDO, FL 32809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHESNEL, RAPHAEL

GM

07/05/2005

Electronic Signature of Signing Officer or Director

Date