

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90175 017 ***150.00

DOCUMENT # P04000130742					
1. Entity Name MAGIC CHIROPRACTIC CLINIC, INC.					
Principal Place of Business 600 W OAKRIDGE ROAD SUITE 3 ORLANDO, FL 32809			Mailing Address 600 W OAKRIDGE ROAD SUITE 3 ORLANDO, FL 32809		
2. Principal Place of Business		3. Mailing Address 4945 SOUTH ST ORANGE AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State ORLANDO			
Zip	Country	Zip 32806	Country	4. FEI Number 20-1642495	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOUIS, RONY R 600 W OAKRIDGE ROAD SUITE 3 ORLANDO, FL 32809			7. Name and Address of New Registered Agent Name RAPHAEL CHESNEL Street Address (P.O. Box Number is Not Acceptable) 4945 SOUTH ORANGE AVE City ORLANDO FL Zip Code 32806		
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 <i>Raphael Chesnel</i> (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOUIS, RONY R 600 W OAKRIDGE ROAD SUITE 3 ORLANDO, FL 32809 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAPHAEL, CHESNEL 600 W OAKRIDGE ROAD SUITE 3 ORLANDO, FL 32809 <input 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 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: <i>Raphael Chesnel</i>		Date 3/27/06		Daytime Phone # 407-770-0196	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					