2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2007
Secretary of State

DOCUMENT# P04000130742

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:

4945 S ORANGE AVENUE
EDGEWOOD, FL 32806

Current Mailing Address:

4945 S ORANGE AVE
ORLANDO, FL 32806

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:

CHESNEL, RAPHAEL
4945 S ORANGE AVE
ORLANDO, FL 32806 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: RAPHAEL, CHESNEL
Address: 600 W OAKRIDGE ROAD SUITE 3
City-St-Zip: ORLANDO, FL 32809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: RAPHAEL, CHESNEL
Address: 4945 S ORANGE AVENUE
City-St-Zip: EDGEWOOD, FL 32806

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 D 02/25/2007

Electronic Signature of Signing Officer or Director — Date