2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# P04000142837

Entity Name: ALL CARE CHIROPRACTIC CLINIC INC.

Current Principal Place of Business:

471 CORNICHE WAY
APT. 101
LAKE MARY, FL 32746

New Principal Place of Business:

1241 SOUTH RIDGEWOOD AVE
DAYTONA BEACH, FL 32114

Current Mailing Address:

471 CORNICHE WAY
APT. 101
LAKE MARY, FL 32746

New Mailing Address:

1241 SOUTH RIDGEWOOD AVE
DAYTONA BEACH, FL 32114

FEI Number: 20-1756154 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PRETE, JAMES
471 CORNICHE WAY
APT. 101
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

PRETE, JAMES
1241 SOUTH RIDGEWOOD AVE
DAYTONA BEACH, FL 32114 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: JAMES PRETE 04/28/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PRETE, JAMES
Address: 471 CORNICHE WAY , APT 101
City-St-Zip: LAKE MARY, FL 32746

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PRETE, JAMES
Address: 1241 SOUTH RIDGEWOOD AVE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VP ( ) Change (X) Addition
Name: LEOTTA, SEAN
Address: 1241 SOUTH RIDGEWOOD AVE
City-St-Zip: DAYTONA BEACH, FL 32114

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: JAMES PRETE P 04/28/2006
Electronic Signature of Signing Officer or Director Date