2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006
Secretary of State

DOCUMENT# P04000155235

Entity Name: PRO ACTIVE CHIROPRACTIC GROUP, INC.

Current Principal Place of Business:

12469 EMERALD COAST PARKWAY
BUILDING #1, SUITE 102
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

12469 EMERALD COAST PARKWAY
BUILDING #1, SUITE 102
DESTIN, FL 32541

New Mailing Address:

FEI Number: 20-1876793 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHUSSLER, BRIAN L
1069 NAPA WAY
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

SCHUESSLER, BRIAN L
1069 NAPA WAY
NICEVILLE, FL 32578 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: BRIAN L. SCHUESSLER 04/26/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SCHUSSLER, BRIAN L
Address: 1069 NAPA WAY
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SCHUESSLER, BRIAN L
Address: 1069 NAPA WAY
City-St-Zip: NICEVILLE, FL 32578

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: BRIAN L. SCHUESSLER P 04/26/2006
Electronic Signature of Signing Officer or Director Date