

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000004860

FILED
Apr 29, 2009
Secretary of State

Entity Name: COMMUNITY CHIROPRACTOR, INC.

Current Principal Place of Business:

141 WEBB DR.
300
DAVENPORT, FL 33837

New Principal Place of Business:

141 WEBB DR.
300
DAVENPORT, FL 33837 US

Current Mailing Address:

141 WEBB DR.
300
DAVENPORT, FL 33837

New Mailing Address:

FEI Number: 20-2131626 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DESIR, FLOBERT
141 WEBB DR.
300
DAVENPORT, FL 33837 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: P () Delete
Name: DESIR, FLOBERT
Address: 141 WEBB DR. STE #300
City-St-Zip: DAVENPORT, FL 33897

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DESIR, FLOBERT
Address: 141 WEBB DR. STE #300
City-St-Zip: DAVENPORT, FL 33897 US

I hereby certify that the information supplied with this filing does not qualify 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: FLOBERT DESIR

MR.

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date