

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000038119

FILED
May 15, 2008
Secretary of State

Entity Name: POWERLINE CHIROPRACTIC, INC.

Current Principal Place of Business:

911 E. ATLANTIC BLVD
STE. 104
POMPANO BEACH, FL 33060

New Principal Place of Business:

919 E. CYPRESS CREEK ROAD
FORT LAUDERDALE, FL 33319 US

Current Mailing Address:

911 E. ATLANTIC BLVD
STE. 104
POMPANO BEACH, FL 33060

New Mailing Address:

5315 LAKE WORTH ROAD
LAKE WORTH, FL 44463 US

FEI Number: 20-2482989

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LASTOFSKY, DARREN
911 E. ATLANTIC BLVD
STE. 104
POMPANO BEACH, FL 33060 US

Name and Address of New Registered Agent:

LASTOFSKY, DARREN
5315 LAKE WORTH ROAD
LAKE WORTH, FL 33463 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: DARREN LASTOFSKY

05/15/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LASTOFSKY, DARREN
Address: 911 E. ATLANTIC BLVD, STE 104
City-St-Zip: POMPAÑO BEACH, FL 33060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LASTOFSKY, DARREN
Address: 5315 LAKE WORTH ROAD
City-St-Zip: LAKE WORTH, FL 33463

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: DARREN LASTOFSKY

P

05/15/2008

Electronic Signature of Signing Officer or Director

Date