2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 30, 2006
Secretary of State

DOCUMENT# P05000090518

Entity Name: YOUR FAMILY CHIROPRACTOR, CO.

Current Principal Place of Business:

905 E. NEW HAVEN
#202
MELBOURNE, FL 32901 US

New Principal Place of Business:

1010 E. NEW HAVEN
SUITE A
MELBOURNE, FL 32901 US

Current Mailing Address:

905 E. NEW HAVEN
#202
MELBOURNE, FL 32901 US

New Mailing Address:

1010 E. NEW HAVEN
SUITE A
MELBOURNE, FL 32901 US

FEI Number: 20-3048770 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLEMAN, CHRISTOPHER J ESQUIRE
1311 BEDFORD DRIVE
MELBOURNE, FL 32940 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: CHRISTOPHER J. COLEMEN
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: PSD ( ) Delete
Name: JOHN, HAIG M
Address: 905 E. NEW HAVEN #202
City-St-Zip: MELBOURNE, FL 32901 US

Title: T ( ) Delete
Name: BARTO, GLORIA J
Address: 905 E. NEW HAVEN #202
City-St-Zip: MELBOURNE, FL 32901 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: JOHN, HAIG M
Address: 1010 E. NEW HAVEN SUITE A
City-St-Zip: MELBOURNE, FL 32901 US

Title: T (X) Change ( ) Addition
Name: BARTO, GLORIA J
Address: 1010 E. NEW HAVEN SUITE A
City-St-Zip: MELBOURNE, FL 32901 US

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: HAIG JOHN PSD 10/30/2006
Electronic Signature of Signing Officer or Director Date