2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000090518

Entity Name: YOUR FAMILY CHIROPRACTOR, CO

FILED Jan 09, 2007 Secretary of State

| Littly Nan | ile. TOOK FAI | MILT CHIROFRACTOR, CO. | | | |
|--|---|---------------------------------|---|--|--|
| Current Principal Place of Business: | | | New Principal Place | of Business: | |
| 1010 E. NE | W HAVEN | | | | |
| SUITE A MELBOUR | NE, FL 32901 | US | | | |
| Current Mailing Address: | | | New Mailing Addres | New Mailing Address: | |
| 1010 E. NE | W HAVEN | | | | |
| SUITE A MELBOUR | NE, 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: | | | Name and Address of | Name and Address of New Registered Agent: | |
| COLEMAN, CHRISTOPHER J ESQUIRE 1311 BEDFORD DRIVE MELBOURNE, FL 32940 US | | | SUITE B | 2012 WAVERLY PLACE | |
| The above in the State | | ubmits this statement for the p | ourpose of changing its registere | d office or registered agent, or both, | |
| SIGNATURE: HAIG JOHN, DC | | | | 01/09/2007 | |
| | Electronic | Signature of Registered Age | ent | Date | |
| Election Carr | npaign Financing | Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | PSD () [JOHN, HAIG M 1010 E. NEW HA MELBOURNE, FI | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | T ()[BARTO, GLORIA 1010 E. NEW HA MELBOURNE, FI | VEN SUITE A | Title: Name: Address: City-St-Zip: | () Change () Addition | |

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, DC PSD 01/09/2007