2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000096092

Entity Name: COMPLETE CHIROPRACTIC CENTERS INC.

FILED Sep 05, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

3200 FOREST HILL BLVD. 950 N. FEDERAL HIGHWAY 103

WEST PALM BEACH, FL 33406 POMPANO BEACH, FL 33062

Current Mailing Address: New Mailing Address:

950 N. FEDERAL HIGHWAY 3200 FOREST HILL BLVD.

WEST PALM BEACH, FL 33406 POMPANO BEACH, FL 33062

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

REITER, PETER I REITER, PETER

9806 SW 57 ST 950 N. FEDERAL HIGHWAY

COOPER CITY, FL 33328 US 103 POMPANO BEACH, FL 33062 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: PETER REITER 09/05/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: () Change (X) Addition

REITER, PETER Name: Name: 950 N. FEDERAL HIGHWAY Address: Address: City-St-Zip: City-St-Zip: POMPANO BEACH, FL 33062 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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.

Ρ SIGNATURE: PETER REITER 09/05/2006