2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006
Secretary of State

DOCUMENT# P05000142328

Entity Name: LIFE MISSION CHIROPRACTIC, INC.

Current Principal Place of Business:

12276 SAN JOSE BLVD
SUITE 512
JACKSONVILLE, FL 32223

New Principal Place of Business:

Current Mailing Address:

6093 ALDERFER SPRINGS DR
JACKSONVILLE, FL 32258

New Mailing Address:

12276 SAN JOSE BLVD
SUITE 512
JACKSONVILLE, FL 32223

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

Name and Address of Current Registered Agent:

ADAMS, PETER M
6093 ALDERFER SPRINGS DR
JACKSONVILLE, FL 32258 US

Name and Address of New Registered Agent:

ADAMS, PETER M
12276 SAN JOSE BLVD.
SUITE 512
JACKSONVILLE, FL 32223 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 M. ADAMS 03/15/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ADAMS, PETER M
Address: 6093 ALDERFER SPRINGS DR
City-St-Zip: JACKSONVILLE, FL 32258

Title: VP ( ) Delete
Name: ADAMS, MICHELLE E
Address: 6093 ALDERFER SPRINGS DR
City-St-Zip: JACKSONVILLE, FL 32258

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ADAMS, PETER M
Address: 12276 SAN JOSE BLVD.
City-St-Zip: JACKSONVILLE, FL 32223

Title: VP (X) Change ( ) Addition
Name: ADAMS, MICHELLE E
Address: 12276 SAN JOSE BLVD.
City-St-Zip: JACKSONVILLE, FL 32223

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: PETER M. ADAMS P 03/15/2006
Electronic Signature of Signing Officer or Director Date