

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000161122

FILED
Aug 14, 2007
Secretary of State

Entity Name: NATURAL SOLUTIONS CHIROPRACTIC, INC.

Current Principal Place of Business:

2883 EXECUTIVE PARK DR STE 102
FORT LAUDERDALE, FL 33321 US

New Principal Place of Business:

2883 EXECUTIVE PARK DR STE 102
WESTON, FL 33331 US

Current Mailing Address:

828 VANDA TERRACE
WESTON, FL 33327 US

New Mailing Address:

2883 EXCECUTIVE PARK DR STE 102
WESTON, FL 33331

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RENSLOW, BRETT R DR.
828 VANDA TERRACE
WESTON, FL 33327 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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RENSLOW, BRETT R DR.
Address: 828 VANDA TERRACE
City-St-Zip: WESTON, FL 33327

Title: VP (X) Delete
Name: RENSLOW, DENISE E
Address: 828 VANDA TERRACE
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BRETT RENSLOW

PRES

08/14/2007

Electronic Signature of Signing Officer or Director

Date