

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000014671

FILED
Jan 27, 2007
Secretary of State

Entity Name: PRO-ADJUSTER CHIROPRACTIC CLINIC, INC.

Current Principal Place of Business:

27499 RIVERVIEW CENTER BLVD.
SUITE #134
BONITA SPRINGS, FL 34134

New Principal Place of Business:

14538 INDIGO LAKES CR.
NAPLES, FL 34119

Current Mailing Address:

27499 RIVERVIEW CENTER BLVD.
SUITE #134
BONITA SPRINGS, FL 34134

New Mailing Address:

14538 INDIGO LAKES CR.
NAPLES, FL 34119

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INGLESE, PAUL A
27499 RIVERVIEW CENTER BLVD.
SUITE #134
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

INGLESE, PAUL A
14538 INDIGO LAKES CR.
NAPLES, FL 34119 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: PAUL INGLESE

01/27/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: INGLESE, PAUL A
Address: 14538 INDIGO LAKES CR.
City-St-Zip: NAPLES, FL 34119 US

Title: VP () Delete
Name: INGLESE, ANTHONY P
Address: 14686 SUTHERLAND AVE
City-St-Zip: NAPLES, FL 34119 US

Title: VP (X) Delete
Name: CASTRO, JOSE A
Address: 3680 16TH AVE NE
City-St-Zip: NAPLES, FL 34120 US

Title: VP (X) Delete
Name: GUADALUPE, RUBEN D
Address: 3201 ORANGE GROVE TRAIL
City-St-Zip: NAPLES, FL 34120 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: PAUL INGLESE

P

01/27/2007

Electronic Signature of Signing Officer or Director

Date