2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 19, 2007
Secretary of State

DOCUMENT# P06000021711

Entity Name: TRINITY OPTIMUM CHIRO CARE INC.

Current Principal Place of Business:

763 UNIVERSITY BLVD. N
JACKSONVILLE,, FL 32211

New Principal Place of Business:

Current Mailing Address:

763 UNIVERSITY BLVD N.
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 41-2194806 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DHAITI, ADNER
763 UNIVERSITY BLVD. N
JACKSONVILLE, FL 32211 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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DHAITI, ADNER
Address: 763 UNIVERSITY BLVD. N
City-St-Zip: JACKSONVILLE, FL 32211

Title: VP ( ) Delete
Name: DHAITI, ADNER
Address: 763 UNIVERSITY BLVD. N
City-St-Zip: JACKSONVILLE,, FL 32211

Title: SEC ( ) Delete
Name: DHAITI, ADNER
Address: 763 UNIVERSITY BLVD. N
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: COPELAND, DIANE
Address: 763 UNIVERSITY BLVD. N
City-St-Zip: JACKSONVILLE, FL 32211

Title: VP (X) Change ( ) Addition
Name: COPELAND, DIANE
Address: 763 UNIVERSITY BLVD. N
City-St-Zip: JACKSONVILLE,, FL 32211

Title: SEC (X) Change ( ) Addition
Name: COPELAND, DIANE
Address: 763 UNIVERSITY BLVD. N
City-St-Zip: JACKSONVILLE, FL 32211

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: DIANE COPELAND P 04/19/2007

Electronic Signature of Signing Officer or Director — Date