

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000069260

FILED
Jan 07, 2007
Secretary of State

Entity Name: ALIGN YOUR SPINE CHIROPRACTIC LIFE CENTER, INC.

Current Principal Place of Business:

6010 NW 56TH CIRCLE
CORAL SPRING, FL 33067

New Principal Place of Business:

4800 W. HILLSBORO BLVD
SUITE A-11
COCONUT CREEK, FL 33073

Current Mailing Address:

8202 WILES ROAD, PMB 150
CORAL SPRINGS, FL 33067

New Mailing Address:

4800 W. HILLSBORO BLVD
SUITE A-11
COCONUT CREEK, FL 33073

FEI Number: 20-4897724

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMES, C. SHA'RON
3116 CAPITAL CIRCLE, N.E., SUITE 5
TALLAHASSEE, FL 32308 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: DP () Delete
Name: MASTRONARDI, JORDAN
Address: 6010 NW 56TH CIRCLE
City-St-Zip: CORAL SPRING, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JORDAN MASTRONARDI

DP

01/07/2007

Electronic Signature of Signing Officer or Director

Date