2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007
Secretary of State

DOCUMENT# P06000111125

Entity Name: ACTIVE CHIROPRACTIC, P.A.

Current Principal Place of Business:

1251 S. HICKORY ST.
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

1251 S. HICKORY ST.
MELBOURNE, FL 32901

New Mailing Address:

311 OCEAN AVE. #1
1
MELBOURNE BEACH, FL 32951

FEI Number: 56-2594983 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WASSMER, TODD
332 BERKELEY ST.
SATELLITE BEACH, FL 32937 US

Name and Address of New Registered Agent:

WASSMER, TODD
311 OCEAN AVE
1
MELBOURNE BEACH, FL 32951 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: TODD WASSMER 04/20/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WASSMER, TODD
Address: 1251 S. HICKORY ST.
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WASSMER, TODD
Address: 311 OCEAN AVE #1
City-St-Zip: MELBOURNE BEACH, FL 32951

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: TODD WASSMER P 04/20/2007
Electronic Signature of Signing Officer or Director Date