2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000130130

Entity Name: P.F.G. CHIROPRACTIC PAIN CENTER, INC.

FILED Jul 09, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7372 BEACOCN HILL LOOP APT 5 2400 EAST SILVER STAR RD

ORLANDO, FL 32818 ORLANDO, FL 32804

Current Mailing Address: New Mailing Address:

7372 BEACOCN HILL LOOP APT 5 PO BOX 683050 ORLANDO, FL 32818 PO BOX 683050

FEI Number: 20-5639702 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JEAN-CHARLES, FRITZ G

850 HONOLULU WOODS LN

2470 LAKE DEBRA DRIVE APT 13-204

ORLANDO, FL 32824 US ORLANDO, FL 32835 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: FRITZ JEAN-CHARLES 07/09/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C () Delete Title: CHR (X) Change () Addition
Name: JEAN-CHARLES, FRITA G Name: JEAN-CHARLES, FRITA G

Address: 850 HONOLULU WOODS LN Address: 2470 LAKE DEBRA DRIVE APT 13-204

City-St-Zip: ORLANDO, FL 32824 City-St-Zip: ORLANDO, FL 32835

Title: P () Delete Title: PD (X) Change () Addition Name: BIEN-AIME. GARDY BIEN-AIME. GARDY

Address: 4723 ELDERWOOD COURT Address: 4723 ELDERWOOD COURT City-St-Zip: ORLANDO, FL 32808 City-St-Zip: ORLANDO, FL 32808

Title: PCEO (X) Delete Title: () Change () Addition Name: PIEERE, SONY Name:

 Name:
 PIEERE, SONY
 Name:

 Address:
 1039 W JEFFERSON STREET
 Address:

 City-St-Zip:
 ORLANDO, FL 32805
 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: FRITZ JEAN-CHARLES PD 07/09/2007