2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000130450

FILED Mar 26, 2007 Secretary of State

Entity Name: VILLAGE CHIROPRACTIC CENTER OF BOYNTON BEACH, INC.

Current Principal Place	OI Business:	New Principal Place of Business:
10 FAIRWAY DRIVE SUITE 204 DEERFIELD BEACH, FL	33441 US	6607 W. BOYNTON BEACH BLVD. BAY #4 BOYNTON BEACH, FL 33437 US
Current Mailing Address		New Mailing Address:
10 FAIRWAY DRIVE SUITE 204 DEERFIELD BEACH, FL	33441 US	6607 W. BOYNTON BEACH BLVD. BAY #4 BOYNTON BEACH, FL 33437 US
FEI Number: 20-8616922	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and Address of C	urrent Registered Agent:	Name and Address of New Registered Agent:
BILU, RON S 7621 NW 59 WAY PARKLAND, FL 33067	US	
The above named entity s in the State of Florida.	submits this statement for th	e purpose of changing its registered office or registered agent, or both,
SIGNATURE:		
Electroni	ic Signature of Registered A	Agent Date

OFFICERS AND DIRECTORS:

Election Campaign Financing Trust Fund Contribution ().

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: Title: () Delete (X) Change () Addition WASSER, HOWARD WASSER, HOWARD Name: Name: 10 FAIRWAY DRIVE STE #204 6607 W. BOYNTON BEACH BLVD. Address: Address: City-St-Zip: DEERFIELD BEACH, FL 33441 US City-St-Zip: BOYNTON BEACH, FL 33437 US

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: HOWARD WASSER P 03/26/2007