

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000062991

FILED
Apr 14, 2006
Secretary of State

Entity Name: APPLETON CHIROPRACTIC CENTER, INC.

Current Principal Place of Business:

1291 S POMPANO PKWY
POMPANO BEACH, FL 33060 US

New Principal Place of Business:

1215 SW 26TH AVENUE
POMPANO BEACH, FL 33069 US

Current Mailing Address:

% ACCOUNTING & BUSINESS CONSULTANTS INC
1535 SE 17TH STREET B206
FT LAUDERDALE, FL 33316

New Mailing Address:

FEI Number: 65-0435147 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

APPLETON, PHILLIP
1291 S POMPANO PARKWAY
POMPANO BEACH, FL 33060 US

Name and Address of New Registered Agent:

APPLETON, PHILLIP
1215 SW 26TH AVENUE
POMPANO BEACH, FL 33069 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: _____

Electronic Signature of Registered Agent

04/14/2006

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: APPLETON, PHILLIP
Address: 1291 S POMPANO PARKWAY
City-St-Zip: POMPANO BEACH, FL 33060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: APPLETON, PHILLIP
Address: 1215 SW 26TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33069

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: PHILLIP APPLETON

D

04/14/2006

Electronic Signature of Signing Officer or Director

Date