2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006
Secretary of State

DOCUMENT# P93000086397

Entity Name: DELRAY CHIROPRACTIC CENTER, INC.

Current Principal Place of Business:

1642 S FEDERAL HWY
DELRAY BEACH, FL 33483 US

New Principal Place of Business:

Current Mailing Address:

1642 S FEDERAL HWY
DELRAY BEACH, FL 33483 US

New Mailing Address:

FEI Number: 65-0455917 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LITWAK, KEITH DR.
1642 S FEDERAL HWY
DELRAY BEACH, FL 33483 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: P ( ) Delete
Name: LITWAK, KEITH DR.
Address: 2941 NW 28TH TERRECE
City-St-Zip: BOCA RATON, FL 33434

Title: VP ( ) Delete
Name: FLADELL, ANDRE
Address: 1642 S FEDERAL HWY
City-St-Zip: DELRAY BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: KEITH LITWAK PRES 04/03/2006

Electronic Signature of Signing Officer or Director Date