


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2006 08:00 AM

*The corporate Secretary of State
the prior notice*

DOCUMENT # P94000002471

1. Entity Name
STANSBERRY CHIROPRACTIC CLINIC, INC.



Principal Place of Business
**501 N.W. 16 AVE.
GAINESVILLE, FL 32601**

Mailing Address
**501 N.W. 16 AVE.
GAINESVILLE, FL 32601**



07102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3218250

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CHAMBERLAIN, STEVEN M
ONE S.E. FIRST AVE.
GAINESVILLE, FL 32601**

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating)

U00000569980
07/13/06-80011-008 150.00
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST STANSBERRY, TERRY W. 6350 NE 160TH AVE WILLISTON, FL 32696
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STANSBERRY, PATRICIA G 6350 NE 160TH AVE WILLISTON, FL 32696
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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____