2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006
Secretary of State

DOCUMENT# P94000053691

Entity Name: OLDE NAPLES CHIROPRACTIC HEALTH CENTER, INC.

Current Principal Place of Business:

689 NINTH ST. NO.
STE. D
NAPLES, FL 34102 US

New Principal Place of Business:

689 TAMIAMI TRAIL NORTH
STE. D
NAPLES, FL 34102 US

Current Mailing Address:

689 NINTH ST. NO.
SUITE D
NAPLES, FL 34102 US

New Mailing Address:

689 TAMIAMI TRAIL NORTH
SUITE D
NAPLES, FL 34102 US

FEI Number: 65-0503821 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEBS, MICHAEL
689 NINTH ST. N.
STE. D
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

DEBS, MICHAEL
689 TAMIAMI TRAIL NORTH
STE. D
NAPLES, FL 34102 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: 01/31/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DEBS, MICHAEL
Address: 2080 SNOOK DRIVE
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: DEBS, MICHAEL E
Address: 2080 SNOOK DRIVE
City-St-Zip: NAPLES, FL 34102

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: MICHAEL E DEBS DR 01/31/2006
Electronic Signature of Signing Officer or Director Date