

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000026319

FILED
Jan 17, 2007
Secretary of State

Entity Name: CHIROPRACTIC TRUST, CORP.

Current Principal Place of Business:

335 WEST OAK STREET
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

335 WEST OAK STREET
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 65-0653959

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRASSO, LOUIS A III
415 SYCAMORE STREET
CELEBRATION, FL 34747 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: DPS () Delete
Name: GRASSO, LOUIS A III
Address: 415 SYCAMORE STREET
City-St-Zip: CELEBRATION, FL 34747

Title: DVT () Delete
Name: GRASSO, CARINA O
Address: 415 SYCAMORE STREET
City-St-Zip: CELEBRATION, FL 34747

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: CARINA O. GRASSO

DVT

01/17/2007

Electronic Signature of Signing Officer or Director

Date