2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2007
Secretary of State

DOCUMENT# P97000009154

Entity Name: HOFFNER FAMILY CHIROPRACTIC, INC.

Current Principal Place of Business:

5425 S. SEMORAN BLVD.
SUITE A3
ORLANDO, FL 32822

New Principal Place of Business:

4650 S. SEMORAN BLVD.
SUITE 200
ORLANDO, FL 32822

Current Mailing Address:

5425 S. SEMORAN BLVD.
SUITE A3
ORLANDO, FL 32822

New Mailing Address:

4650 S. SEMORAN BLVD.
SUITE 200
ORLANDO, FL 32822

FEI Number: 91-1763595 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CATALFO, CHRIS
5425 S. SEMORAN BLVD.
SUITE A3
ORLANDO, FL 32822 US

Name and Address of New Registered Agent:

CATALFO, CHRIS
4650 S. SEMORAN BLVD.
SUITE 200
ORLANDO, FL 32822 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: _____ 04/28/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete
Name: CATALFO, CHRIS
Address: 5425 S. SEMORAN BLVD. SUITE A3
City-St-Zip: ORLANDO, FL 32822

Title: D ( ) Delete
Name: CATALFO, CHRIS
Address: 5425 S. SEMORAN BLVD. SUITE A3
City-St-Zip: ORLANDO, FL 32822

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition
Name: CATALFO, CHRIS
Address: 4650 S. SEMORAN BLVD. SUITE 200
City-St-Zip: ORLANDO, FL 32822

Title: D (X) Change ( ) Addition
Name: CATALFO, CHRIS
Address: 4650 S. SEMORAN BLVD. SUITE 200
City-St-Zip: ORLANDO, FL 32822

I hereby certify that the information supplied with this filing does not qualify 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: CHRIS CATALFO PRES 04/28/2007
Electronic Signature of Signing Officer or Director — Date