
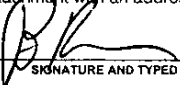


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90023 006 \*\*\*150.00

<b>DOCUMENT # P97000028202</b>					
<b>1. Entity Name</b> WORLD EXECUTIVE CHIROPRACTIC CENTER, PROFESSIONAL ASSOCIATION					
<b>Principal Place of Business</b> 6412 N UNIVERSITY DR 102 TAMARAC, FL 33321 US			<b>Mailing Address</b> 6412 N UNIVERSITY DR 102 TAMARAC, FL 33321 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 6412 N University Dr Suite, Apt. #, etc. 102		<b>3. Mailing Address</b> 6412 N University Dr Suite, Apt. #, etc. 102			
<b>City &amp; State</b> Tamarac FL		<b>City &amp; State</b> Tamarac, FL			
<b>Zip</b> 33321		<b>Country</b> USA		<b>4. FEI Number</b> 65-0749100	
<b>6. Name and Address of Current Registered Agent</b> RAPP, BRUCE D.C. 6412 N UNIVERSITY DRIVE 102 TAMARAC, FL 33321				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PD <b>NAME</b> RAPP, BRUCE D.C. <b>STREET ADDRESS</b> 6412 N UNIVERSITY DRIVE <b>CITY-ST-ZIP</b> TAMARAC, FL 33321	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 like empowered.</b>					
<b>SIGNATURE:</b> 			Bruce Rapp 3/6/07 685-2120		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Day:time Phone #</small>		

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03092007 Chg-P CR2E034 (12/06)

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**  
 Applied For Not Applicable

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