


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 27, 2006 8:00 am**  
**Secretary of State**

07-27-2006 90018 048 \*\*\*150.00

<b>DOCUMENT # P97000086924</b>		
1. Entity Name CONGRESS CHIROPRACTIC CENTER CORPORATION		

Principal Place of Business 2326 S CONGRESS AVE, STE 2-C WEST PALM BEACH, FL 33406	Mailing Address 2326 S CONGRESS AVE, STE 2-C WEST PALM BEACH, FL 33406
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40100550

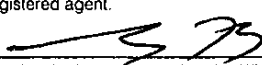


07192006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0781567	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  HANSEN, TIMOTHY DR. 2326 S CONGRESS AVE, STE 2-C WEST PALM BEACH, FL 33406		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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  DATE 7/24/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HANSEN, TIMOTHY D 2326 S CONGRESS AVE STE 2C W PALM BCH, FL 33406 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CARLO, JOHN DR 2326 S CONGRESS AVE #2-C WEST PALM BEACH, FL 33406 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LANE, LORI 106 WOODLAKE CIR GREENACRES, FL 33463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HANSEN, ARTHUR DR 2326 S CONGRESS AVE #2-C WEST PALM BEACH, FL 33406 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:  Timothy Hansen 7/24/06 561-432-8999

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

ATTACHMENT  
CONGRESS CHIROPRACTIC CENTER

"PAIN AND INFLAMMATION RELIEF"

40100953

#09700008692



July 24, 2006

Florida Department of State  
Division of Corporations  
P.O. box 1500  
Tallahassee, Florida 32302

Re: Congress Chiropractic Center Corporation  
Provision for waiver of late fees

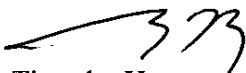
Dear Sirs:

Please let this letter serve as a provision for waiver of \$400.00 late fee for registration of Annual Corporate Report.

We did not receive the notice to file the annual report.

Thank you for your assistance.

Sincerely,

  
Timothy Hansen

2326 South Congress Avenue  
Suite 2-C  
West Palm Beach, Florida 33406  
Phone: 561-433-8999  
Fax: 561-828-0431  
E-mail: congresschiropractic@yahoo.com