2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2004
Secretary of State

DOCUMENT# P97000090563

Entity Name: INDIALANTIC CHIROPRACTIC AND ACUPUNCTURE INC.

Current Principal Place of Business:

322 4TH AVE.
INDIALANTIC, FL 32905

New Principal Place of Business:

322 FOURTH AVENUE
INDIALANTIC, FL 32903

Current Mailing Address:

P.O. BOX 033786
INDIALANTIC, FL 329030786

New Mailing Address:

FEI Number: 59-3478819 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DURBIN, KELLY
1443 ALBERNI ST. N.W.
PALM BAY, FL 32907 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: D ( ) Delete
Name: FLEMING, EDWARD G
Address: 322 4TH AVE.
City-St-Zip: INDIALANTIC, FL 32905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: FLEMING, EDWARD G
Address: 322 FOURTH AVENUE
City-St-Zip: INDIALANTIC, FL 32903

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: EDWARD G. FLEMING D 01/10/2004

Electronic Signature of Signing Officer or Director — Date