2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000090563

FILED Jan 03, 2006 Secretary of State

Entity Name: INDIALANTIC CHIROPRACTIC AND ACUPUNCTURE INC.

| Current Pr | incipal Place | of Business: | New Principal Place of | New Principal Place of Business: | |
|---|--|----------------------------------|---|--|--|
| | TH AVENUE TIC, FL 32903 | | | | |
| Current Mailing Address: | | | New Mailing Address: | New Mailing Address: | |
| P.O. BOX 0 INDIALANT | 33786 IC, FL 32903 | 0786 | | | |
| FEI Number: | 59-3478819 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired (X) | |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: | | | | | |
| DURBIN, K 1443 ALBEI PALM BAY, | RNI ST. N.W. | US | | | |
| The above in the State | | submits this statement for the p | urpose of changing its registered | office or registered agent, or both, | |
| SIGNATUR | E: | | | | |
| Electronic Signature of Registered Agent | | | ent | Date | |
| Election Cam | paign Financing | Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGES | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | DR () FLEMING, EDW 322 FOURTH A' INDIALANTIC, F | VENUE | Title: (Name: Address: City-St-Zip: |) Change () Addition | |

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: ED FLEMING PRES 01/03/2006