

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000015851

FILED
Apr 15, 2004
Secretary of State

Entity Name: ADVANCED CHIROPRACTIC AND NUTRITION, INC.

Current Principal Place of Business:

1050 NW 15TH ST., 107-A
BOCA RATON, FL 33486

New Principal Place of Business:

1050 NW 15TH ST., 107-A
SUITE 107-A
BOCA RATON, FL 334861341 US

Current Mailing Address:

1050 NW 15TH ST., 107-A
BOCA RATON, FL 33486

New Mailing Address:

1050 NW 15TH ST., 107-A
SUITE 107-A
BOCA RATON, FL 334861341 US

FEI Number: 65-0814902

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PRICE, DAVID B
6971 N. FEDERAL HWY. SUITE 403
BOCA RATON, FL 334871617 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: PST () Delete
Name: MCEWEN, RALPH W
Address: 1050 NW 15TH ST., 107-A
City-St-Zip: BOCA RATON, FL 33486

Title: S () Delete
Name: MCBWON, GLENIS
Address: 1050 NW 15TH ST., 109-A
City-St-Zip: BOCA RATON, FL 33486

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: MCEWEN, GLENIS
Address: 1050 NW 15TH ST., 107-A
City-St-Zip: BOCA RATON, FL 334861341 US

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: RALPH W. MCEWEN

PST

04/15/2004

Electronic Signature of Signing Officer or Director

Date