2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2009
Secretary of State

DOCUMENT# P98000072831

Entity Name: CHIRP CHIROPRACTIC SALES, INC.

Current Principal Place of Business:

%ROBERT J CULIG WESTMONTE PLAZA
195 S WESTMONTE DR STE-L
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

%ROBERT J CULIG WESTMONTE PLAZA
195 S WESTMONTE DR STE-1124
ALTAMONTE SPRINGS, FL 32714 US

Current Mailing Address:

%ROBERT J CULIG WESTMONTE PLAZA
195 S WESTMONTE DR STE-L
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

%ROBERT J CULIG WESTMONTE PLAZA
195 S WESTMONTE DR STE-1124
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 52-2125603 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CULIG, ROBERT J
195 S WESTMONTE DR
SUITE L
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

CULIG, ROBERT J
195 S WESTMONTE DR
SUITE 1124
ALTAMONTE SPRINGS, FL 32714 US

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: ROBERT J CULIG 03/05/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CULIG, ROBERT
Address: 195 S WESTMONTE DR STE L
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: S ( ) Delete
Name: CULIG, TAMI L
Address: 755 ALPINE ST E
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CULIG, ROBERT
Address: 195 S WESTMONTE DR STE 1124
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT J CULIG P 03/05/2009
Electronic Signature of Signing Officer or Director Date