

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000072831

FILED
Feb 19, 2010
Secretary of State

Entity Name: CHIRP CHIROPRACTIC SALES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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 1124
ALTAMONTE SPRINGS, FL 32714 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: P
Name: CULIG, ROBERT
Address: 195 S WESTMONTE DR STE 1124
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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

I hereby 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 all other like empowered.

SIGNATURE: ROBERT J CULIG

P

02/19/2010

Electronic Signature of Signing Officer or Director

Date