2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2011
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-1124
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

%ROBERT J CULIG
540 MCCRACKEN ROAD
LAKE HELEN, FL 32744 US

Current Mailing Address:

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

New Mailing Address:

%ROBERT J CULIG
540 MCCRACKEN ROAD
LAKE HELEN, FL 32744 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 1124
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

CULIG, ROBERT J
540 MCCRACKEN ROAD
LAKE HELEN, FL 32744 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: 03/22/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: CULIG, ROBERT
Address: 540 MCCRACKEN ROAD
City-St-Zip: LAKE HELEN, FL 32744

Title: S
Name: CULIG, TAMI L
Address: 540 MCCRACKEN ROAD
City-St-Zip: LAKE HELEN, FL 32744

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 03/22/2011
Electronic Signature of Signing Officer or Director Date