2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2011
Secretary of State

DOCUMENT# P98000085547

Entity Name: CHIROPRACTIC ARTS CENTER, INC.

Current Principal Place of Business:

3413 S. KINGS AVENUE #100
BRANDON, FL 33511

New Principal Place of Business:

Current Mailing Address:

3413 S. KINGS AVENUE #100
BRANDON, FL 33511

New Mailing Address:

FEI Number: 59-3536090 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DELMONACHE, BLAISE M
3413 S. KINGS AVENUE #100
BRANDON, FL 33511 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

OFFICERS AND DIRECTORS:

Title: PVST
Name: DEL MONACHE, BLAISE M
Address: 3413 S. KINGS AVE #100
City-St-Zip: BRANDON, FL 335117780

Title: D
Name: DEL MONACHE, BLAISE M
Address: 3413 S. KINGS AVE #100
City-St-Zip: BRANDON, FL 335117780

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: BLAISE M DELMONACHE PVST 02/18/2011

Electronic Signature of Signing Officer or Director Date