2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000101997

Entity Name: PERRY CHIROPRACTIC CLINIC, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
305 N. ORANGE ST. PERRY, FL 32347	

Current Mailing Address:	**New Mailing Address:**
305 N. ORANGE ST. PERRY, FL 32347	

FEI Number: 59-3582354   **FEI Number Applied For ( )**   **FEI Number Not Applicable ( )**   **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
NELSEN, LEE S D.C. 305 N. ORANGE ST. PERRY, FL 32347 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: _____

             Electronic Signature of Registered Agent   Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:	**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**
Title: D ( ) Delete Name: NELSEN, LEE S Address: 3215 MORGAN WHIDDON RD. City-St-Zip: PERRY, FL 32347	Title: DR (X) Change ( ) Addition Name: NELSEN, LEE S Address: 2315 MORGAN WHIDDON RD. City-St-Zip: PERRY, FL 32347
Title: D ( ) Delete Name: NELSEN, REBECCA Address: 3215 MORGAN WHIDDON RD. City-St-Zip: PERRY, FL 32347	Title: D (X) Change ( ) Addition Name: NELSEN, REBECCA Address: 2315 MORGAN WHIDDON RD. City-St-Zip: PERRY, FL 32347

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: LEE S. NELSEN   DR   04/23/2008

             Electronic Signature of Signing Officer or Director   Date