
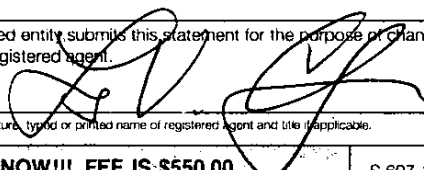


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 14, 2006 8:00 am
Secretary of State

08-14-2006 90041 012 ***550.00

DOCUMENT # P99000004413 1. Entity Name SOUTH BREVARD CHIROPRACTIC AND WELLNESS CENTER, INC.			
Principal Place of Business 1990 W. NEW HAVEN AVE., SUITE 102 MELBOURNE FL 32904		Mailing Address 1155 MALABAR RD NE, STE 10 PALM BAY FL 32907	
2. Principal Place of Business 5201 Babcock St Suite, Apt., etc. Suite 201 City & State Palm Bay, FL Zip 32905 Country Brevard		3. Mailing Address 5201 Babcock St Suite, Apt., etc. Suite 201 City & State Palm Bay FL Zip 32905 Country Brevard	
4. FEI Number 59-3552434		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KANCHIA, JOHN R. ESQ. 1800 WEST HIBISCUS BLVD MELBOURNE FL 32907		7. Name and Address of New Registered Agent Name LOUIS V. CIANFROGNA Street Address (P.O. Box Number is Not Acceptable) 5201 Babcock Street Suite 201 City Palm Bay FL Zip Code 32905	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: 8/2/06 <small>Signature typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 DUE BY September 6, 2006 Make Check Payable to Florida Department of State		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS CIANFROGNA, LOUIS V 815 S. WASHINGTON AVE. TITUSVILLE FL 32782 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT GLEASON, JAMES S 353 HAWTHORNE LANE NE PALM BAY FL 32907 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/06 321-269-6833
Date Daytime Phone #