2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2005
Secretary of State

DOCUMENT# P99000054553

Entity Name: TEACHING THE WORLD ABOUT CHIROPRACTIC, INC.

Current Principal Place of Business:

700 W. VINE ST.
205
KISSIMMEE, FL US

New Principal Place of Business:

604 FRONT STREET
CELEBRATION, FL 34747 US

Current Mailing Address:

700 W. VINE ST.
205
KISSIMMEE, FL US

New Mailing Address:

604 FRONT STREET
CELEBRATION, FL 34747 US

FEI Number: 59-3592026 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOMAN, GREG
11905-C NORTH TAMIAMI TRAIL
NAPLES, FL 34110 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LOMAN, GREG
Address: 1035 COLLIER CENTER WAY
City-St-Zip: NAPLES, FL 34110

Title: S ( ) Delete
Name: LOMAN, GREG
Address: 1035 COLLIER CENTER WAY
City-St-Zip: NAPLES, FL 34110

Title: VP ( ) Delete
Name: LERNER, BEN
Address: 700 W VINE ST
City-St-Zip: KISSIMMEE, FL 34741

Title: T ( ) Delete
Name: LOMAN, GREG
Address: 1035 COLLIER CENTER WAY
City-St-Zip: NAPLES, FL 34110

Title: VP (X) Delete
Name: SCHIFFMAN, ROB
Address: 16862 ORCHARD RIDGE CT.
City-St-Zip: GRANGER, IN 46530

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: LERNER, BEN
Address: 604 FRONT STREET
City-St-Zip: CELEBRATION, FL 34747

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GREG LOMAN PD 05/01/2005
Electronic Signature of Signing Officer or Director Date