2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006
Secretary of State

DOCUMENT# V33851

Entity Name: MUSCULAR PAIN RELIEF CENTER, INC.

Current Principal Place of Business:

840-L DELTONA BLVD
DELTONA, FL 32725

New Principal Place of Business:

840 DELTONA BLVD
SUITE L
DELTONA, FL 32725

Current Mailing Address:

840-L DELTONA BLVD
DELTONA, FL 32725

New Mailing Address:

840 DELTONA BLVD
SUITE L
DELTONA, FL 32725

FEI Number: 59-3124464 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KENT, DAVID C.
840-L DELTONA BLVD
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

KENT, DAVID C.
840 DELTONA BLVD
SUITE L
DELTONA, FL 32725 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: 01/27/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KENT, DAVID C
Address: 840-L DELTONA BLVD.
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: KENT, DAVID C
Address: 840 DELTONA BLVD., SUITE L
City-St-Zip: DELTONA, FL 32725

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID C. KENT P 01/27/2006
Electronic Signature of Signing Officer or Director — Date