

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V64543

FILED
Jul 05, 2006
Secretary of State

Entity Name: BACK IN ACTION CHIROPRACTIC, INC.

Current Principal Place of Business:

840 DELTONA BLVD.
STE H
DELTONA, FL 32725 US

New Principal Place of Business:

Current Mailing Address:

840 DELTONA BLVD.
STE H
DELTONA, FL 32725 US

New Mailing Address:

FEI Number: 59-3165713

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FILOSA, DENNIS
29 CHOCTAW TRAIL
ORMOND BEACH, FL 32174 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: DR () Delete
Name: FILOSA, DENNIS,
Address: 29 CHOCTAW TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: DR () Delete
Name: CUSHING, NANCY,
Address: 29 CHOCTAW TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: NANCY CUSHING

DR

07/05/2006

Electronic Signature of Signing Officer or Director

Date