

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000044324

FILED
Apr 30, 2004
Secretary of State

Entity Name: YOUR CHOICE NETWORK USA, INC.

Current Principal Place of Business:

2835 SE SAINT LUCIE BLVD
STUART, FL 34997

New Principal Place of Business:

3744 SE FAIRWAY EAST
STUART, FL 34997

Current Mailing Address:

2835 SE SAINT LUCIE BLVD
STUART, FL 34997

New Mailing Address:

3744 SE FAIRWAY EAST
STUART, FL 34997

FEI Number: 22-3863233

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCINTYRE, WILLIAM C
3561 SW CORPORATE PKWY
PALM CITY, FL 34990 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: REESE, JOSEPH JOHN
Address: 4023 SE FAIRWAY E
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: KILIAN, FRANK JOHN
Address: 3744 SE FAIRWAY E
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: MCCLUNE, STEVEN CARL
Address: 9150 BALTIMORE NATIONAL PIKE
City-St-Zip: ELLICOTT CITY, MD 21042

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: REESE, JOSEPH JOHN
Address: 2835 SE SAINT LUCIE BLVD
City-St-Zip: STUART, FL 34997

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

Title: D (X) Change () Addition
Name: EDMONDSON, LEE
Address: 3744 SE FAIRWAY EAST
City-St-Zip: STUART, FL 34997

Title: D () Change (X) Addition
Name: KNOWLES, NORMAN
Address: 3744 SE FAIRWAY EAST
City-St-Zip: STUART, FL 34997

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: FRANK KILIAN II

D

04/30/2004

Electronic Signature of Signing Officer or Director

Date