| ANNUAL REPORT   |   |                     |  | FILED  |
|---|---|---------------------|--|--|
| DOCUMENT # P0100060793  1. Entity Name BEST CHOICE SOFTWARE, INC.   |   |                     |  | 04 HOV 17 AM 11:50   |
|   |   |                     |  | SECHETARY OF STATE TALLAHASSIE, FLORIDA  |
| Principal Place of Business 2112 39 STREET W BRADENTON, FL 34205  Mailing Address 2112 39 STREET W BRADENTON, FL 34205  |   |                     | 5  | 1773   |
| 2. Principal Place of Business 410 Cortez Rd. W. 3. Mailing Address Sam   |   |                     | ame                                      |  |
| Suite Apt. #, etc.  |   | Suite, Apt. #, etc. | RE                                       | 1 00042004 TENGRIC WORZE034 (10/03) DU   |
| Bradenton   |   | City & State        |  | 4. FEI Number Applied For 65-1135625 Not Applicable  |
| Zip 347   | 207 Country   | Zip                 | Country                                  | 5. Certificate of Status Desired See Required Fee Required   |
|   | 6. Name and Address of Current I                                  | Registered Agent    | Name 0                                   | 7. Name and Address of New Registered Agent  |
| WICKMAN& WYCKOFF PA   |   |                     | COLES 4-1-10 riarty - PA                 |  |
|   |   |                     | City O 50                                | 3rd Ave. W., Ste 210   |
| 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 PRESIDENT NOV 12, 2004 / Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE   |   |                     |  |  |
| FILE NOW!!! FEE IS \$550.00  Due by September 8, 2004  9. Election Campaign Financing \$5.00 May Be Added to Fees   |   |                     |  |  |
| 10.   | OFFICERS AND I  | DIRECTORS           | 11.                                      | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |
| NAME STREET ADDRESS CITY-ST-ZIP   | PT<br>DECKER, SELDEN F<br>2112 39 STREET W<br>BRADENTON, FL 34205 | ☐ Delete            | NAME STREET ADDRESS CITY-ST-ZIP          | Change   |
| TITLE<br>NAME   | VS<br>HOYT, PETER H   | ☐ Delete            | TITLE                                    | ☐ Change ☐ Addition  |
| STREET ADDRESS<br>CITY-ST-ZIP   | 1117 MONTEZUMA ROAD<br>BRADENTON, FL 34209                        |                     | NAME<br>STREET ADDRESS<br>CITY-ST-ZIP    |  |
| TITLE<br>NAME   |   | ☐ Delete            | TITLE<br>NAME                            | ☐ Change ☐ Addition  |
| STREET ADDRESS.   |   |                     | CITY-ST-ZIP                              | The second secon |
| TITLE<br>NAME<br>STREET ADDRESS   |   | · Delete            | NAME<br>STREET ADDRESS                   | ☐ Charige ☐ Addition   |
| TITLE   |   | □ Delete            | CITY-ST-ZIP TITLE                        | Change Addition  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP •   |   |                     | NAME<br>STREET ADDRESS<br>CITY-ST-ZIP    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | ☐ Delete            | TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP | ☐ Change ☐ Addition  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of 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 LEGICAL SUNNY Decker 11/11/04 941-747-5858 SIGNATURE AND TYPED OR PRINTED NAMEOF SIGNING OFFICER OR DIRECTOR  Date Daylore Phone #  |   |                     |  |  |

## BEST CHOICE SOFTWARE, INC. 410 Cortez Rd. W, Ste 412 Bradenton, FL 34207 941-747-5858

FAX: 941-752-6211

November 1, 2004

Division of Corporations Uniform Business Report Filings P O Box 1500 Tallahassee, FL 32302-1500

Re: FEI #65-1135625

Document # P01000060793

Dear Sirs:

Our principal place of business has changed - see heading.

Enclosed please find our dated and signed 2004 For Profit Corporation Reinstatement form along with our check in the amount of \$150 for filing same.

The only thing we received from the state was a Notice of Dissolution or Revocation because we had not received our filing form. We also include here the downloaded 2004 Reinstatement form from The Division of Corporations website with a small box to checked that we did not receive prior notice.

Thank you.

Sincerely,

Sunny Decker President

SD/ks

Encs.