


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 11, 2006 8:00 am**  
**Secretary of State**

08-11-2006 90001 009 \*\*\*150.00

<b>DOCUMENT # P05000149654</b>	
1. Entity Name <b>AMERICA CHOICE NETWORK, INC</b>	

Principal Place of Business <b>50 LEANNI WAY UNIT A6 PALM COAST, FL 32137</b>	Mailing Address <b>6 RIPTON PLACE PALM COAST, FL 32164</b>
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**50024992**

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>1515 Ridgewood Ave</b>
City & State <b>Holly Hill FL</b>	City & State <b>Holly Hill FL</b>
Zip <b>32117</b>	Zip <b>32117</b>



07252006 Chg-P CR2E034 (11/05)

4. FEI Number <b>20-3759674</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

<b>6. Name and Address of Current Registered Agent</b>
<b>LOGUIDICE, JOE 1515 RIDGEWOOD AVE A HOLLY HILL, FL 32117</b>

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> Zip Code

8. The above named entity submits this statement for the purpose of changing the registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Joe Loguidice* DATE *7/17/06*  
Signature, typed or printed name of registered agent (if applicable). (If J.C. is the Registered Agent, signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PERLOVICH, DMITRY <input type="checkbox"/> Delete 6 RIPTON PLACE PALM COAST, FL 32164
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PERLOVICH, MARINA <input type="checkbox"/> Delete 6 RIPTON PLACE PALM COAST, FL 32164
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 *Dmitry Perlovich* DATE *06/12/06* DAYTIME PHONE # *336-445-2725*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR