2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2007
Secretary of State

DOCUMENT# P06000046512

Entity Name: 1ST CHOICE STORM PROTECTION, INC

Current Principal Place of Business:

4907 SHETLAND AVE
TAMPA, FL 33615 US

New Principal Place of Business:

3810 W DE LEON ST
#2
TAMPA, FL 33609 US

Current Mailing Address:

4907 SHETLAND AVE
TAMPA, FL 33615 US

New Mailing Address:

3810 W DE LEON ST
#2
TAMPA, FL 33609 US

FEI Number: 20-4631765 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONTRACTORS REPORTING SERVICE, INC
2001 W BUSCH BLVD
STE A
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

KESLINKE, BARBARA
3810 W DE LEON ST
#2
TAMPA, FL 33609 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: BARBARA KESLINKE 05/31/2007
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: P/S ( ) Delete
Name: MEACHAM, DAVID A
Address: 4907 SHETLAND AVE
City-St-Zip: TAMPA, FL 33615 US

Title: VP/T ( ) Delete
Name: KESLINKE, BARBARA A
Address: 4907 SHETLAND AVE
City-St-Zip: TAMPA, FL 33615 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP/T (X) Change ( ) Addition
Name: KESLINKE, BARBARA A
Address: 3810 W DE LEON ST #2
City-St-Zip: TAMPA, FL 33609 US

I hereby certify that the information supplied with this filing does not qualify 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: BARBARA KESLINKE VP 05/31/2007
Electronic Signature of Signing Officer or Director Date