2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# F06000000506

Entity Name: FIRST CHOICE HOLDINGS INC.

Current Principal Place of Business:

% THE MOORINGS, ATTN: KAREN LUKE
19345 US HIGHWAY 19 NORTH 4TH FLOOR
CLEARWATER, FL 33764

New Principal Place of Business:

Current Mailing Address:

% THE MOORINGS, ATTN: KAREN LUKE
19345 US HIGHWAY 19 NORTH 4TH FLOOR
CLEARWATER, FL 33764

New Mailing Address:

FEI Number: 37-1482833 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 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:	C	( ) Delete
Name:	JOHN, ANDREW	
Address:	FIRST CHOICE HOUSE, LONDON RD., CRAWLEY	
City-St-Zip:	WEST SUSSEX RH 10 2GX, XX UK	
Title:	D	( ) Delete
Name:	MCGRAYNOR, DAVID	
Address:	FIRST CHOICE HOUSE, LONDON RD. CRAWLEY	
City-St-Zip:	WEST SUSSEX RH 10 2GX, XX UK	
Title:	D	( ) Delete
Name:	IRWIN, WILLIAM	
Address:	8 ESSEX CENTER DR.	
City-St-Zip:	PEABODY, MA 01960	
Title:	D	( ) Delete
Name:	FOOTE, DAVID	
Address:	7083 GRAND NATIONAL DR., STE. 102	
City-St-Zip:	ORLANDO, FL 32819	
Title:	A	( ) Delete
Name:	POOLE, WILLIAM	
Address:	945 E. PACES FERRY RD., STE. 2700	
City-St-Zip:	ATLANTA, GA 30326	
Title:	D	( ) Delete
Name:	CHURCHILL, RITA	
Address:	160 BLOOR ST. EAST, STE.400	
City-St-Zip:	TORONTO, ONTARIO, CANADA, XX M4W 1B9	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: WILLIAM POOLE A 05/01/2009

Electronic Signature of Signing Officer or Director Date