
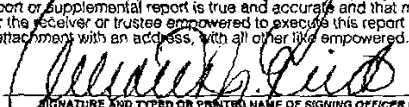
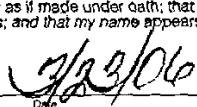


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FI**  
**Mar 27, 2**  
**Secret**

<b>DOCUMENT # H89287</b>		
1. Entity Name <b>FIRST CHOICE MORTGAGE CORP.</b>		
Principal Place of Business <b>5120 CENTRAL AVENUE 5999 CENTRAL AVE #200 ST. PETERSBURG, FL 33707 US</b>		Mailing Address <b>4755 EAST BAY DR CLEARWATER, FL 33764 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		03232006 No Chg-P CR2E034 (11/05)
4. FEI Number <b>59-2619793</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
<b>WERNER, SIDNEY 5999 CENTRAL AVE SUITE 200 ST. PETERSBURG, FL 33710</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	REID, DELORES J.	
STREET ADDRESS	3545 FAIRWAY FOREST DR.	
CITY - ST - ZIP	PALM HARBOR, FL 34685	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
<b>DO NOT WRITE IN THIS SPACE</b>		
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:  		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		