


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # J44270</b> 1. Entity Name <b>FIRST CHOICE MANAGEMENT CORPORATION</b>	
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Principal Place of Business <b>4174 WOODLANDS PKWY. PALM HARBOR, FL 34685 US</b>	Mailing Address <b>4174 WOODLANDS PKWY. PALM HARBOR, FL 34685 US</b>
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**DO NOT WRITE IN THIS SPACE**



02292008 No Chg-P CR2E034 (11/05)

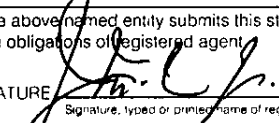
4. FEI Number <b>59-3152920</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**NOLAN, JAMES M JR  
4174 WOODLANDS PKWY.  
PALM HARBOR, FL 34685**

**DO NOT WRITE  
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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  DATE **3/14/08**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

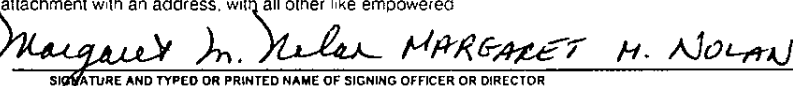
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000861783 04/03/08-80022-017 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOLAN, MARGARET M. 4856 WESTCHESTER CT OLDSMAR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP NOLAN, JAMES M JR 4174 WOODLANDS PKWY PALM HARBOR, FL 34685
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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:  **MARGARET M. NOLAN** **3/14/08** **727 785-8887**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #