


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90022 041 \*\*\*200.00

<b>DOCUMENT # J79263</b> 1. Entity Name <b>CAREER CHOICE, INC.</b>	
--	---

Principal Place of Business <b>ONE PURLIEU PLACE SUITE 240 WINTER PARK, FL 32792</b>	Mailing Address <b>ONE PURLIEU PLACE SUITE 240 WINTER PARK, FL 32792</b>
---	---

**DO NOT WRITE IN THIS SPACE**



05022008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2813820</b>	Applied For 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

**HERRICK, COLLEEN M.  
808 DENTON ROAD  
WINTER PARK, FL 32792**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
--	--	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIR HERRICK, COLLEEN M. 808 DENTON ROAD WINTER PARK, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** Colleen Herrick, President 5/2/08 407-679-5150  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT

40099660  
# 579263

May 2, 2008

Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

To whom it may concern:

I have been trying since Monday to file online. Unfortunately I keep getting timed out messages. Today I called and spoke with Richard and he told me to download the form and sign and mail with my payment.

Enclosed is my 200.00 filing fee.

Thank you for your time and consideration – sorry for any confusion.

All the best,

A handwritten signature in cursive script that reads 'Colleen Herrick'.

Colleen Herrick  
Career Choice Inc.  
One Purlieu Place Suite 240  
Winter Park, FL 32792

407-679-5150 with any questions  
Thank you