


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 AM
Secretary of State

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| DOCUMENT # K06442 1. Entity Name CHOICE FINANCIAL SERVICES, INC. |  |
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| Principal Place of Business 2627 MCCORMICK DR STE 101A CLEARWATER, FL 33759 US | Mailing Address P O BOX 15857 CLEARWATER, FL 33766 US |
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DO NOT WRITE IN THIS SPACE



04132007 No Chg-P CR2E034 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 59-2862269 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

ROPER, DAVID B.
2627 MCCORMICK DR
STE 101A
CLEARWATER, FL 33759

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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD ROPER, DAVID B 2987 ESTANCIA PL CLEARWATER, FL 33761 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVD ROPER, DIANE J. 2987 ESTANCIA PL CLEARWATER, FL 33761 |
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04/26/07-80005-005 150.00

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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:  4.13.07 727.796.0203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #