

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K13637

Entity Name: EASY CHOICES, INC.

FILED  
Feb 05, 2005  
Secretary of State

## Current Principal Place of Business:

617 NW 109TH AVENUE  
PEMBROKE PINES, FL 33026 US

## Current Mailing Address:

617 NW 109TH AVENUE  
PEMBROKE PINES, FL 33026 US

## New Principal Place of Business:

240 MEDALLION BLVD  
APARTMENT H  
MADEIRA BEACH, FL 33708 US

## New Mailing Address:

EASY CHOICES, INC  
PO BOX 8513  
MADEIRA BEACH, FL 33738 US

FEI Number: 65-0025236

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RUSSELL, SHARON L.  
617 NW 109 TH AVENUE  
PEMBROKE PINES, FL 33026 US

## Name and Address of New Registered Agent:

CHMIELEWSKI, THOMAS R  
240 MEDALLION BLVD  
APARTMENT H  
MADEIRA BEACH, FL 33708 US

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: THOMAS R. CHMIELEWSKI

02/05/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete  
Name: CHMIELEWSKI, THOMAS, R.  
Address: 617 NW 109TH AVENUE  
City-St-Zip: PEMBROKE PINES, FL

Title: PD ( ) Delete  
Name: RUSSELL, SHARON L.,  
Address: 617 NW 19TH AVENUE  
City-St-Zip: PEMBROKE PINES, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition  
Name: CHMIELEWSKI, THOMAS R  
Address: 240 MEDALLION BLVD APT H  
City-St-Zip: MADEIRA BEACH, FL 33708

Title: PD (X) Change ( ) Addition  
Name: RUSSELL, SHARON L  
Address: 240 MEDALLION BLVD APT H  
City-St-Zip: MADEIRA BEACH, FL 33708

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: THOMAS R. CHMIELEWSKI

VPD

02/05/2005

Electronic Signature of Signing Officer or Director

Date