2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000049988

Entity Name: CHOICE PACK-N-SHIP, LLC

FILED Jul 05, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

11300 LINDBERGH BLVD. 11300 LINDBERGH BLVD # 103

SUITE 103 SUITE 103

FORT MYERS, FL 33913 FORT MYERS, FL 33913

Current Mailing Address: New Mailing Address:

15726 BRIARCLIFF LANE 15726 BRIARCLIFF LN FORT MYERS, FL 33912 FORT MYERS, FL 33912

FEI Number: 20-7868059 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

OWENS, BRIAN OWENS, BRIAN A 15726 BRIARCLIFF LANE 15726 BRIARCLIFF LN

FORT MYERS, FL 33912 US FORT MYERS, FL, FL 33912 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.

ADDITIONS/CHANGES:

SIGNATURE: BRIAN OWENS 07/05/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

itle: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 OWENS, BRIAN
 Name:
 OWENS, BRIAN A

 Address:
 15726 BRIARCLIFF LANE
 Address:
 15726 BRIARCLIFF LN

 City-St-Zip:
 FORT MYERS, FL 33912
 City-St-Zip:
 FORT MYERS, FL 33912

Title: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 OWENS, JAMES R SR.
 Name:
 OWENS, JAMES R SR.

 Address:
 435 DOCKSIDE DRIVE #1002
 Address:
 435 DOCKSIDE DRIVE #1002

City-St-Zip: NAPLES, FL 34110 City-St-Zip: NAPLES, FL 34110

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BRIAN OWENS MGRM 07/05/2007