

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002776

FILED
Apr 30, 2009
Secretary of State

Entity Name: CHOICES NETWORK SYSTEMS, INC.

Current Principal Place of Business:

2300 NW 6TH STREET
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

6920 N.W. 44TH COURT
LAUDERHILL, FL 33319

New Mailing Address:

FEI Number: 65-1035130

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWARD, WYLIE SR
6920 N.W. 44TH COURT
LAUDERHILL, FL 33319 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOWARD, WYLIE SR
Address: 6629 N.W. 44TH COURT
City-St-Zip: LAUDERHILL, FL 33319

Title: TDS () Delete
Name: HOWARD, CELESTINE
Address: 6920 N.W. 44TH COURT
City-St-Zip: LAUDERHILL, FL 33319

Title: D () Delete
Name: HOWARD, RODNEY
Address: 6920 W. COMMERCIAL BLVD.
City-St-Zip: TAMARAC, FL 33319

Title: SD () Delete
Name: DEAL, ANGELA R
Address: 3775 NW 106TH DR
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D () Delete
Name: MATHIS, REGINALD
Address: 1620 NW 6TH AVE
City-St-Zip: POMPANO BEACH, FL 33060

Title: D () Delete
Name: PACK, TORRANCE
Address: 449 SW 15 STREET
City-St-Zip: POMPANO BEACH, FL 33060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WYLIE L. HOWARD, SR

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date