


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90266 040 ****61.25

DOCUMENT # N00000005870	
1. Entity Name ANOTHER CHOICE INC.	

Principal Place of Business 3508 N. POWERLINE RD. POMPANO BCH, FL 33069	Mailing Address 3508 N. POWERLINE RD. POMPANO BCH, FL 33069
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



04212005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent BUTTS, WILMA J 3508 N. POWERLINE RD. POMPANO BCH, FL 33069	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	D BUTTS, WILLIE C
STREET ADDRESS	620 SW 14TH ST.
CITY-ST-ZIP	DEERFIELD BCH, FL 33441
TITLE	<input type="checkbox"/> Delete
NAME	D BUTTS, WILMA J
STREET ADDRESS	620 SW 14TH ST.
CITY-ST-ZIP	DEERFIELD BCH, FL 33441
TITLE	<input type="checkbox"/> Delete
NAME	DS STYLES, BETTYE
STREET ADDRESS	930 NE 51TH ST.
CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, JOSEPH E.
STREET ADDRESS	1668 NW 17th AVE APT #4
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEALE, CARMEN Q
STREET ADDRESS	1576 NW 17th AVE APT #3
CITY-ST-ZIP	Pompano Beach, FL 33069
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACKSON, ALTHEA
STREET ADDRESS	1710 NW 2ND AVE
CITY-ST-ZIP	Pompano Beach, FL 33064

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Willie C. Butts **Willie C. BUTTS** 4/21/05 (954) 956-8787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #