


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90055 010 ****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**

40117091



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02212007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent

**BUTTS, WILMA J.
 3508 N. POWERLINE RD.
 POMPANO BCH, FL 33069**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BUTTS, WILLIE C	
STREET ADDRESS	620 SW 14TH ST.	
CITY-ST-ZIP	DEERFIELD BCH, FL 33441	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUTTS, WILMA J	
STREET ADDRESS	620 SW 14TH ST.	
CITY-ST-ZIP	DEERFIELD BCH, FL 33441	
TITLE	DS	<input type="checkbox"/> Delete
NAME	STYLES, BETTYE	
STREET ADDRESS	930 NORTHWEST 51ST STREET	
CITY-ST-ZIP	POMPANO BEACH, FL 33064	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, JOSEPH E.	
STREET ADDRESS	1668 NW 17TH AVE. APT. # 4	
CITY-ST-ZIP	POMPANO BEACH, FL 33069	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEALE, CARMEN Q.	
STREET ADDRESS	1576 NW 17TH AVE. APT # 3	
CITY-ST-ZIP	POMPANO BEACH, FL 33069	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, ALTHEA	
STREET ADDRESS	1710 NW 2ND AVE.	
CITY-ST-ZIP	POMPANO BEACH, FL 33064	

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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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* **5/18/07** **954-956-8787**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #