2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCLIMENT # N0000005870



FILED May 01, 2008 8:00 am

1. Entity Name ANOTHER CHOICE INC.							01-2008 90209 039 ****		;
Principal Plac 3508 N. POV POMPANO B			ng Address 8 N. POWERLINE RD. IPANO BCH, FL 33069		 	8800 8800 8800 8800 8800 8800 8800 8		(INI 9) I FT I	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address	Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc.		04292008 Chg-NP CR2E037 (12/06)				
City & State		City & State	City & State		4. FEI Number 01-069928	04 0000000		plied For t Applicable	
Zip	Zip Country		Zip	Zip Cou		5. Certificate of Status Desired \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent						7. Name and Add	fress of New Registered Age	nt	
BUTTS, WILMA J					Name				
3508 N. POWERLINE RD. POMPANO BCH, FL 33069					Street Address (P.O. Box Number is Not Acceptable)				
				City		· · · · · · · · · · · · · · · · · · ·	FL	Zip Code	,
	named entity		r the purpose of chang	ng its register	red office or regist	stered agent, or both, in	the State of Florida, I am fami	liar with,	and accept
are congar	20110 07 10 g .010	agoni.							
CICALATURE									
SIGNATURE.	Signature, typed o	or printed name of registered agent a	and title if applicable.	(NOTE: Registere	ed Agent eignature requi	ired when reinstating)	DATE		
SIGNATURE	Filing Fee	or printed name of registered agent	9. Electic	(NOTE: Registere on Campaign I fund Contribu	Financing	\$5.00 May Be Added to Fees	Make check pa Florida Departme		
10.	Filing Fee Due by Ma	s Is \$61.25	9. Election Trust I	n Campaign I fund Contribu	Financing tion.	\$5.00 May Be Added to Fees	Make check pa Florida Departme ES TO OFFICERS AND DIREC	nt of St	ate 10
10.	Filing Fee Due by Ma	o is \$61.25 ay 1, 2008 OFFICERS AND DIF	9. Election	n Campaign I fund Contribu 11.	Financing tion,	\$5.00 May Be Added to Fees	Make check pa Florida Departme ES TO OFFICERS AND DIREC	nt of St	ate
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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: /