2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2012
Secretary of State

DOCUMENT# N09000004798

Entity Name: CHOICES HOUSE INC.

Current Principal Place of Business:

170 BLOXHAM BLVD
ORANGE CITY, FL 32771

New Principal Place of Business:

Current Mailing Address:

5224 W STATE ROAD 46
BOX 325
SANFORD, FL 32771

New Mailing Address:

FEI Number: 26-4832504 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, CHARVELLE COO
6220 HEDGESPARROWS LANE
SANFORD, FL 32771 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: CEO
Name: THOMAS, SHANNON L SR.
Address: 6220 HEDGESPARROWS LANE
City-St-Zip: SANFORD, FL 32771

Title: COO
Name: THOMAS, CHARVELLE L
Address: 6220 HEDGESPARROWS LANE
City-St-Zip: SANFORD, FL 32771

Title: VP
Name: THOMAS, LAKEISHA
Address: 3733 WEETAMOO CIR
City-St-Zip: ORLANDO, FL 32809

Title: SECR
Name: THOMAS, CHARVELLE
Address: 6220 HEDGESPARROWS LANE
City-St-Zip: SANFORD, FL 32771

Title: COB
Name: DAVIS, DEREK
Address: 6380 HEDGESPARROWS LANE
City-St-Zip: SANFORD, FL 32771

Title: VC
Name: HARPER, SHVONNA
Address: 114 JEFFREY DR
City-St-Zip: BRANDON, FL 33511

I hereby 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 all other like empowered.

SIGNATURE: CHARVELLE THOMAS COO 04/11/2012

Electronic Signature of Signing Officer or Director Date