2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000000528

Entity Name: CHOICE VACUUM INC.

PO BOX 15166

SARASOTA, FL 34277

Address: City-St-Zip: FILED Apr 13, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3444 17TH STREET SARASOTA, FL 34235 **Current Mailing Address: New Mailing Address: 3444 17TH STREET** SARASOTA, FL 34235 FEI Number: 65-0972350 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RIDER, STEVE **3444 17TH STREET** C/O CHOICE VACUUM SARASOTA, FL 34235 US 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition RIDER, STEVE Name: Name: PO BOX 15166 Address: Address: City-St-Zip: SARASOTA, FL 34277 City-St-Zip: Title: VPT Title: () Change () Addition () Delete Name: RIDER, DAVID Name: PO BOX 15166 Address: Address: SARASOTA, FL 34277 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition RIDER, DON Name: Name:

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

Address:

City-St-Zip:

SIGNATURE: STEVE RIDER PRES 04/13/2009