2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State
05-02-2008 90160 031 ***150.00

DOCUMENT # P00000025216

1. Entity Name
CHOICE BUILDERS CORPORATION

46uu3334

Principal Place of Business	Mailing Address
3445 EAGLE NEST DRIVE HERNANDO BEACH, FL 34607	3445 EAGLE NEST DRIVE HERNANDO BEACH, FL 34607

04232008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
13374 Ruffed Grouse Rd	13374 Ruffed Grouse Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Brooksville FL	City & State: Brooksville FL
Zip: 34614 Country: USA	Zip: 34614 Country: USA

4. FEI Number: 59-3642553 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HAFKE, TIMOTHY H 3445 EAGLE NEST DRIVE HERNANDO BEACH, FL 34607	Name Street Address (P.O. Box Number is Not Acceptable): 13374 Ruffed Grouse Rd City: Brooksville FL Zip Code: 34614

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: x [signature] 4-30-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST HAFKE, TIMOTHY H 3445 EAGLE NEST DR. HERNANDO BEACH, FL 34607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 13374 Ruffed Grouse Rd Brooksville FL 34614
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1V HAFKE, MAUREEN 3445 EAGLE NEST DR. HERNANDO BEACH, FL 34607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 13374 Ruffed Grouse Rd Brooksville FL 34614
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VP WHITE, TOMMIE 3445 EAGLE NEST DRIVE HERNANDO, FL 34607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 13374 Ruffed Grouse Rd Brooksville FL 34614
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3VP TODD, RON 9043 MICHIGAN BROOKSVILLE, FL 34613	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 607, 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: x [signature] TIMOTHY HAFKE 4-30-08 2796887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #