
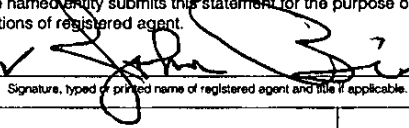



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90476 002 ***150.00

DOCUMENT # P00000040810 1. Entity Name BUILDERS CHOICE T.M., INC.			
Principal Place of Business 9440 S.W. 49TH PLACE COOPER CITY, FL 33328		Mailing Address 9440 S.W. 49TH PLACE COOPER CITY, FL 33328	
2. Principal Place of Business 1551 EAGLE'S CIRCLE Suite, Apt. #, etc.		3. Mailing Address 1551 EAGLE'S CIRCLE Suite, Apt. #, etc.	
City & State SEBASTIAN, FL Zip 32958		City & State SEBASTIAN, FL Zip 32958	
4. FEI Number 65-1007518		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04232006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent BIRO, JOHN 9440 S.W. 49TH PLACE COOPER CITY, FL 33328		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1551 EAGLE'S CIRCLE City SEBASTIAN FL Zip Code 32958	
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:  (NOTE: Registered Agent signature required when reinstating) DATE:			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	BIRO, JOHN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIRO, JOHN	NAME	BIRO, JOHN
STREET ADDRESS	9440 SW 49TH PL.	STREET ADDRESS	1551 EAGLE'S CIRCLE
CITY-ST-ZIP	COOPER CITY, FL 33328	CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	S <input type="checkbox"/> Delete	TITLE	BIRO, REGINA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIRO, REGINA	NAME	BIRO, REGINA
STREET ADDRESS	9440 SW 49TH PL.	STREET ADDRESS	1551 EAGLE'S CIRCLE
CITY-ST-ZIP	COOPER CITY, FL 33328	CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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: 		John Biro 4/26/06 954-817-5840	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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