



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90127 043 ***150.00

DOCUMENT # P00000057791 1. Entity Name PERSONAL CHOICES INC.					
Principal Place of Business 550 VENICE BYPASS #23-B SARASOTA VENICE, FL 34292			Mailing Address 2357-3 TAMiami TRl #142 8466 N. Lockwood Rd VENICE, FL 34292 SARASOTA FL 34243		
2. Principal Place of Business 3533 N. Village Ct Suite, Apt. #, etc.		3. Mailing Address 8466 N. Lockwood Rd Suite, Apt. #, etc. PMB #195			
City & State SARASOTA FL		City & State SARASOTA FL		4. FEI Number 59-3652847	
Zip 34231		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLOOM, NATALIE 4282 SPICETREE ST 3533 N. Village Ct VENICE, FL 34293 SARASOTA FL 34231			7. Name and Address of New Registered Agent Name NATALIE Bloom Street Address (P.O. Box Number is Not Acceptable) 3533 N. Village Ct City SARASOTA FL Zip Code 34231		
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 <u><i>Natalie Bloom</i></u> (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 NAME STREET ADDRESS CITY-ST-ZIP	P GIURIA, TESSY <input type="checkbox"/> Delete 344 FAREHAM DR VENICE, FL 34293		TITLE NAME STREET ADDRESS CITY-ST-ZIP	GIURIA, TESSY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3115 78 Ave E. SARASOTA FL 34243	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BLOOM, NATALIE <input type="checkbox"/> Delete 4282 SPICETREE ST VENICE, FL 34293		TITLE NAME STREET ADDRESS CITY-ST-ZIP	NATALIE Bloom <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3533 N. Village Ct SARASOTA FL 34231	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AMILCAR, KELLY <input type="checkbox"/> Delete 2485 E. BURR ST SARASOTA, FL 34232		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Natalie Bloom</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1/22/06</u> Daytime Phone # <u>941-468-7741</u>		