2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2007
Secretary of State

DOCUMENT# P00000057791

Entity Name: PERSONAL CHOICES INC.

Current Principal Place of Business:

3533 N VILLAGE CT
SARASOTA, FL 34231

New Principal Place of Business:

Current Mailing Address:

8466 N LOCKWOOD RIDGE RD
PMB 195
SARASOTA, FL 34243

New Mailing Address:

P.O. BOX 17578
SARASOTA, FL 34276

FEI Number: 59-3652847 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLOOM, NATALIE
3533 N VILLAGE CT
SARASOTA, FL 34231 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GIURIA, TESSY
Address: 3115 78 AVE E
City-St-Zip: SARASOTA, FL 34243

Title: T ( ) Delete
Name: BLOOM, NATALIE
Address: 3533 N VILLAGE CT
City-St-Zip: SARASOTA, FL 34231

Title: VP (X) Delete
Name: AMILCAR, KELLY
Address: 2485 E. BURR ST
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: AMILCAR, KELLY
Address: 2485 E. BURR CT
City-St-Zip: SARASOTA, FL 34232

Title: V. P (X) Change ( ) Addition
Name: BLOOM, NATALIE
Address: 3533 N VILLAGE CT
City-St-Zip: SARASOTA, FL 34231

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: NATALIE BLOOM VP 01/06/2007

Electronic Signature of Signing Officer or Director — Date