

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90038 032 \*\*\*150.00

<b>DOCUMENT # P0000093721</b> 1. Entity Name <b>FIRST CHOICE ELECTROSTATIC, INC.</b>		
Principal Place of Business <b>11406 WESTON POINTE DR          APT 103          BRANDON, FL 33511</b>		Mailing Address <b>PO BOX 835          BRANDON, FL 33509-0835</b>
2. Principal Place of Business - No P.O. Box # <b>602 Cape Cod CR.</b>	3. Mailing Address Suite, Apt. #, etc.	
City & State <b>Valrico, Fl.</b>	City & State	4. FEI Number <b>59-3657817</b>
Zip <b>33594</b>	Country <b>Hillsborough</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>6. Name and Address of Current Registered Agent</b> <b>FLANICK, JOSEPH          11406 WESTON POINTE DR.          #103          BRANDON, FL 33511</b>		<b>7. Name and Address of New Registered Agent</b> Name <b>Flanick, Joseph</b> Street Address (P.O. Box Number is Not Acceptable) <b>602 Cape Cod CR</b> City <b>Valrico</b> <b>FL</b> Zip Code <b>33594</b>
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: <i>Joseph E. Flanick</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00          After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>
TITLE <b>P</b> <input type="checkbox"/> Delete NAME <b>FLANICK, JOE</b> STREET ADDRESS <b>11406 WESTON POINTE DR APT 103</b> CITY-ST-ZIP <b>BRANDON, FL 33509</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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.		
<b>SIGNATURE:</b> <i>Joseph E. Flanick</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>1-6-07</b> Daytime Phone # <b>813-635-0055</b>