2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _

Apr 29, 2005 8:00 am Secretary of State DOCUMENT # P00000111817 1. Entity Name 04-29-2005 90249 005 ***150.00 DIGITAL CHOICES, INC. Principal Place of Business Mailing Address 207 CRYSTAL GROVE BLVD. 207 CRYSTAL GROVE BLVD. **LUTZ FL 33549 LUTZ FL 33549** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-3693844 Not Applicable 33548 \$8.75 Additional Country Country 5. Certificate of Status Desired 33548 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SAXE, DANIEL L ESQ. Street Address (P.O. Box Number is Not Acceptable) 205 CRYSTAL GROVE BLVD. **LUTZ FL 33549** City 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 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 \$5.00 May Be Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PD TITLE ☐ Change ☐ Addition TITLE ☐ Detete GUASTELLA, JOHN R SR. NAME NAME STREET ADDRESS STREET ADDRESS 207 CRYSTAL GROVE BLVD CITY-ST-ZIP **LUTZ FL 33549** CITY-ST-ZIP VPD ☐ Change ☐ Addition TITLE ☐ Delete TITLE **GUASTELLA, ROSEMARY** NAME NAME STREET ADDRESS 207 CRYSTAL GROVE BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LUTZ FL 33549 Change ☐ Addition TITLE STD ☐ Delete TITLE NAME NAME GUASTELLA, JOHN R JR. STREET ADDRESS STREET ADDRESS 207 CRYSTAL GROVE BLVD CITY-ST-ZIP CITY-ST-ZIP **LUTZ FL 33549** Change ☐ Addition DILE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 regioner 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. JOHN GUASTELLA

PRESIDENT

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED