


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000029996</b> 1. Entity Name <b>YOUR CHOICE SUPPORT COORDINATION, INC.</b>	
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Principal Place of Business <b>3608 ELK RIDGE LANE VALRICO, FL <del>33594</del> 33596</b>	Mailing Address <b>P.O. BOX 621 VALRICO, FL 33595</b>
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02052008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3711138</b>	Applied For <input type="checkbox"/> Not Applicable
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>REED-MARTIN, VALERIE 3608 ELK RIDGE LANE VALRICO, FL <del>33594</del> 33596</b>
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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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	<b>U000000822351</b> <b>02/19/08-80065-003 150.00</b> DATE
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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>
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D REED-MARTIN, VALERIE P.O. BOX 621 VALRICO, FL 33595</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>O MARTIN, GREGORY P.O. BOX 621 VALRICO, FL 33595</b>
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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> <u>Valerie Reed-Martin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____ Daytime Phone # _____
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