2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000101714

Entity Name: CHOICES IN LIVING, INC.

FILED Jan 31, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3812 SKYLINE BLVD CAPE CORAL, FL 33914 **Current Mailing Address: New Mailing Address:** 3812 SKYLINE BLVD 2211 NE 17TH TER CAPE CORAL, FL 33914 CAPE CORAL, FL 33909 FEI Number: 65-1159335 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: EDY, WILLIAM T ESQ 201 NICHOLAS PKWY WEST CAPE CORAL, FL 339912950 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition JACOBEK, SHARON Name: Name: 3812 SKYLINE BLVD Address: Address: City-St-Zip: CAPE CORAL, FL 33914 City-St-Zip: () Delete Title: V/S Title: () Change () Addition Name: BEAVERS, DEBORAH R Name: 3812 SKYLINE BLVD Address: Address: CAPE CORAL, FL 33914 City-St-Zip: 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 Statutés. 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: SHARON L JACOBEK **DPT** 01/31/2006