2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 28, 2005 08:00 AM Secretary of State

DOCUMENT # P02000054 t. Entity Name WIZE CHOICE, INC.	Mailing Address			,
3901 BORADWAY 817 KANUGA DR WEST PALM BEACH, FL 33407 WEST PALM BEACH, FL 33401				
			04222005 No Chg-F	rt) mällfr malan milli Brant frads Hall Rall Bot 14 1941;
DO NOT WRITE	IN THIS SPA	CE	4. FEI Number 02-0601487	Applied For Not Applicable
			5. Certificate of Status Desir	RS 75 Additional
6. Name and Address of Current F	Registered Agent		· · · · · · · · · · · · · · · · · · ·	
MCCULLOUGH, SEAN 817 KANUGA DR			DO NOT	WRITE
WEST PALM BEACH, FL 33401			IN THIS S	
			, m + 11 m - 0	·
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 register and size if applicable (NOTE Registered Agent agriculture required when reinclating). GATE				
	g. Election Campaign Final			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.0		☐ Add	00 May Be ed to Feas	
10. OFFICERS AND D	DIRECTORS			
NAME MCCULOUGH, SEAN		•	,	
STREET ADDRESS 817 KANUGA DR CITY-ST-ZIP WEST PALM BEACH, FL 33401			<u>U</u> Q()000340955 /05-80136-014 150.00
INTE			U1/28	7U5-8U135-U14 15U.DD`
NAME STREET ADDRESS		•		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	1	•	
NAME				
STREET ADDRESS CITY-ST-ZIP	<u> </u>		DO NOT	WRITE
TITLE NAME			IN THIS S	SPACE
SITIEET ADDRESS				
CHY-ST-ZIP TITLE				
NAME STREET ADDRESS				
CITY-SI-ZIP		•		,
TITLE				
STREET ADDRESS CITY ST. AP			•	
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 receiver or registee emogwered to effect 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 cyling life empowered.				
of the corporation or the receiver of tostee empowered to effecute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an atlachment with an address, with a long life empowered.				
SIGNATURE: 4-15-05				