Apr 26 06 12:35p

FILED
Apr 27, 2006 8:00 am
Secretary of State
04-27-2006 90191 024 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000058938

1. Entity Name
FIRST CHOICE SPEAKERS, INC.

Principal Place of Business	Mailing Address
8799 HARPERS GLEN CT. JACKSONVILLE, FL 32256	8799 HARPERS GLEN CT. JACKSONVILLE, FL 32256

4000000--

04262006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
3727 Foggy Veil Ct	3727 Foggy Veil Ct.
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32250 Country: Duval	Zip: 32250 Country: Duval

4. FEI Number: 02-0610667 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FISHER, PEGGY
8799 HARPERS GLEN CT.
JACKSONVILLE, FL 32256

7. Name and Address of New Registered Agent

Name: Peggy Ceballos
Street Address (P.O. Box Number is Not Acceptable): 3727 Foggy Veil CT.
City: Jacksonville FL Zip Code: 32250

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: Peggy Fisher (f/k/a Peggy Fisher) Peggy Ceballos 4-27-06
Signature, typed or printed name of registered agent and title if applicable — Peggy Fisher — NOTE: Registered Agent signature required when reinstating — DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, PEGGY 8799 HARPERS GLEN CT. JACKSONVILLE, FL 32256	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Ceballos, Peggy 3727 Foggy Veil Ct. Jacksonville, FL 32250 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST FISHER, PEGGY 8799 HARPERS GLEN CT. JACKSONVILLE, FL 32256	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST Ceballos, Peggy 3727 Foggy Veil Ct. Jacksonville, FL 32250 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: Peggy Ceballos 4-27-06 904-374-5002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Peggy Ceballos