

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000016343

Entity Name: IDEAL CHOICES, INC

FILED  
Apr 25, 2006  
Secretary of State

## Current Principal Place of Business:

17351 NW 61ST CT  
MIAMI, FL 33015

## New Principal Place of Business:

## Current Mailing Address:

17351 NW 61ST CT  
MIAMI, FL 33015

## New Mailing Address:

FEI Number: 65-0702171

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OSBORNE, LYDIA  
17351 NW 61ST CT  
MIAMI, FL 33015 US

## Name and Address of New Registered Agent:

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:

Title: P ( ) Delete  
Name: OSBORNE, LYDIA  
Address: 17351 NW 61ST CT  
City-St-Zip: MIAMI, FL 33015

Title: COB ( ) Delete  
Name: MATHURA, LYSTRA  
Address: 3267 RIVERDALE DR  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: DOP ( ) Delete  
Name: STURGEON, ALYSHA  
Address: 17351 NW 61 STREET CT  
City-St-Zip: HIALEAH, FL 33015

Title: T ( ) Delete  
Name: CAREY, RODNEY  
Address: 145 NE 110 STREET  
City-St-Zip: MIAMI SHORES, FL

Title: S ( ) Delete  
Name: GOODSON, LETITIA  
Address: 3050 BISCAYNE BLVD, SUITE 300  
City-St-Zip: MIAMI, FL 33137

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DOP (X) Change ( ) Addition  
Name: STURGEON, ALYSHA  
Address: 876 LAKE HOLLOW BOULEVARD  
City-St-Zip: MARIETTA, GA 30064

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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 Statutes. 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: LYDIA OSBORNE

P

04/25/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date