2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# P03000016343

Entity Name: IDEAL CHOICES, INC

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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: 876 LAKE HOLLOW BOULEVARD
City-St-Zip: MARIETTA, GA 30064

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

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 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 PRES 05/01/2008

Electronic Signature of Signing Officer or Director Date