


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000048092						FILED 05 APR 27 AM 11:20 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name K. SELECTIVE CHOICES INC.				Principal Place of Business 10 BARBER ROAD HAVANA, FL 32333			
Mailing Address P.O. BOX 437 HAVANA, FL 32333				2. Principal Place of Business			
Suite, Apt. #, etc.				3. Mailing Address			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number APPLIED FOR 593635573				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GOLDEN, KIMMIE S 10 BARBER ROAD HAVANA, FL 32333				7. Name and Address of New Registered Agent			
				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL Zip Code			
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 <u><i>Kimmie Golden</i></u>				DATE <u>4/29/05</u>			
Signature typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 GOLDEN, KIMMIE S P. O. BOX 433 HAVANA, FL 32333 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOLDEN, BEN P.O. BOX 433 HAVANA, FL 32333 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	200054123562 05/10/05--01006--019 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ES WALKER, LATASHA 1388 JAMSON ROAD HAVANA, FL 32333 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 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: <u><i>Kimmie Golden</i></u>				DATE <u>4/27/05</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #			

T Roberts APR 27 2005