

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90101 024 ***150.00

DOCUMENT # P04000046259 1. Entity Name CHOICE DIRECT, INC.			
Principal Place of Business 3540 S OCEAN BLVD SUITE 405 PALM BEACH, FL 33480		Mailing Address 3540 S OCEAN BLVD SUITE 405 PALM BEACH, FL 33480	
2. Principal Place of Business 1756 N Bayshore Dr. Suite, Apt. #, etc. 10 A City & State Miami, FL Zip 33132		3. Mailing Address 9455 S. Dixie Hwy Suite, Apt. #, etc. 101 City & State Pinecrest, FL Zip 33156	
4. FEI Number 20-1153101		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 TAYLOR, PATRICK E 11306 PORT STREET COOPER CITY, FL 33026		7. Name and Address of New Registered Agent Name Talieson Advisory, Corp Street Address (P.O. Box Number is Not Acceptable) 9655 S. Dixie Hwy, Ste 101 City Pinecrest FL Zip Code 33156	
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>Islandia Duran</i></u> DATE <u>4/28/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	P SOMMERKAMP, ALBERTO R 3540 S OCEAN BLVD SUITE 405 PALM BEACH, FL 33480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1756 N Bayshore Dr. #10A Miami, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TAYLOR, PATRICK E 3540 S OCEAN BLVD SUITE 405 PALM BEACH, FL 33480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VALDEZ, LARRY 3540 S OCEAN BLVD SUITE 405 PALM BEACH, FL 33480	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>Albert Rocco Sommerkamp</i></u>		Date <u>4/28/05</u>	