## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 18, 2005 8:00 am Secretary of State

DOCUMENT # P04000128301  1. Entity Name FIRST CHOICE MESSENGERS MANAGEMENT, INC.						05-18-200	5 90029 045 ***	150.00	
Principal Place of Business Mailing Address					1				
1420 GENE ST. WINTER PARK, FL 32789 US		23784 JOHNSON ROAD NEW CANEY, TX 77357 US							
2. Principal Place of Business		3. Mailing Address			114   139   114   139   14				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05122005	Chg-P	CR2E034 (10/03	)		
City & State		City & State			4. FEI Numb 20-1	354814	<b>⊢</b>	Applied For	
Zip	Country	Zip	Country		5. Certificate	of Status Desired	□ \$8.75 A		
6. Name and Address of Current Registered Agent				7. Name and	Address of New F	Registered Agent			
BEESLEY, DEANNA C			Nam	Name					
1420 GENE ST. WINTER PARK, FL 32789			Stree	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									
FILE NOW!!! FEE IS \$150.00  Due by September 7, 2005  9. Election Campaign Finance Trust Fund Contribution.					\$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.				
			11.	· · ·	ADDITIONS	/CHANGES TO OFF	ICERS AND DIRECTO	RS IN 11	
NAME			TITLE NAME	İ			☐ Change	☐ Addition	
STREET ADDRESS	•		STREET ADDRE	ss					
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE NAME	2 50000		TITLE NAME	ļ			☐ Change	☐ Addition	
STREET ADDRESS	• • •		STREET ADDRE	ss					
CITY-ST-ZIP	APOPKA, FL 32703		CITY-ST-ZIP						
TITLE	SEC	☐ Delete	TITLE	ļ			☐ Change	☐ Addition	
NAME STREET ADDRESS	CHAPMAN, ANN M 23784 JOHNSON ROAD		NAME STREET ADDRE	ss					
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE NAME	- · · ·		TITLE NAME				☐ Change	Addition	
STREET ADDRESS	23784 JOHNSON ROAD SII		STREET ADDRE	ss					
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE NAME		Delete	TITLE NAME				Change	Addition	
STREET ADDRESS			STREET ADDRE	ss					
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE NAME		☐ Delete	TITLE NAME				☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRE	ss					
CITY-ST-ZIP			CITY+ST+ZIP						

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: Deanna C. Beesley 5-15-05 407/599-3160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF FICER OR DIRECTOR

Date

Date