

2005 FOR PROFIT CORPORATION ANNUAL REPORT

Page 1 of 2

DOCUMENT # P04000144585					
1. Entity Name SUITE CHOICE INC.					
Principal Place of Business 5 FISHERMANS CIRCLE, UNIT 3 ORMOND BEACH, FL 32174			Mailing Address 5 FISHERMANS CIRCLE, UNIT 3 ORMOND BEACH, FL 32174		
2. Principal Place of Business Suite Choice Suite, Apt. #, etc. 386 S. Atlantic Ave. City & State Ormond Bch., FL Zip 32176 Country U.S.		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		FILED 05 DEC 27 AM 10:57 0728/05 90005 010 800 07282005 Chg-P CR2E034 (10/03) 4. FEI Number 20-1173814 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145				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 _____ DATE _____ <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 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GANO, GEORGE R 5 FISHERMANS CIRCLE, UNIT 3 ORMOND BEACH, FL 32174 <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	VD NOLAN, DAVID D 5 FISHERMANS CIRCLE, UNIT 3 ORMOND BEACH, FL 32174 <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	STD CRUZ, CHRISTOPHER 5 FISHERMANS CIRCLE, UNIT 3 ORMOND BEACH, FL 32174 <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)(d), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

B 12/25/05

Page 2

12-22-05

Dear Mr. Gary Blankenbaker,

Our company, Suite Choice, was mailed an Annual Report July 2005 and we returned it, however, without a Federal Tax I.D. number. Therefore, the Division of Corporation sent a notice for us to send back the Annual Report with a Federal Tax I.D. number. Unfortunately we never did receive the notice. Your reports show that you sent the notice back on July 29, 2005. The Post Office failed to send us that notice, which you can see on the Annual Report. Suite Choice request that the reinstatement fee and all late fees to be waived. Thank you for your assistance in taking care of this matter. Please feel free to contact us at 386-898-0488.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Bob Gano', with a long horizontal line extending to the right.

Suite Choice
President-Bob Gano
Secretary-Paula Day