2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006
Secretary of State

DOCUMENT# P05000030047

Entity Name: THE CHOICES PROGRAMS ORGANIZATION CORPORATION

Current Principal Place of Business:

5108 FOX QUARRY LANE
SANFORD, FL 32773

New Principal Place of Business:

Current Mailing Address:

5108 FOX QUARRY LANE
SANFORD, FL 32773

New Mailing Address:

FEI Number: 76-0815205 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, SHANNON
5108 FOX QUARRY LANE
SANFORD, FL 32773 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: THOMAS, SHANNON
Address: 5108 FOX QUARRY LN
City-St-Zip: SANFORD, FL 32773

Title: S ( ) Delete
Name: HOLMES, LORNA
Address: 4980 DOVER DIR.
City-St-Zip: ORLANDO, FL 32810

Title: T ( ) Delete
Name: THOMAS, GREGORY DR
Address: 2125 NORMANDY BLVD.
City-St-Zip: DELTONA, FL 32725

Title: V ( ) Delete
Name: THOMAS, CHARVELLE
Address: 5108 FOX QUARRY LANE
City-St-Zip: SANFORD, FL 32773

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: SHANNON THOMAS P 03/27/2006

Electronic Signature of Signing Officer or Director Date