2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2009
Secretary of State

DOCUMENT# P05000030047

Entity Name: THE CHOICES PROGRAMS ORGANIZATION CORPORATION

Current Principal Place of Business:

6368 EPPING CT
SANFORD, FL 32771

New Principal Place of Business:

6220 HEDGESPARROWS LANE
SANFORD, FL 32771

Current Mailing Address:

6368 EPPING CT
SANFORD, FL 32771

New Mailing Address:

6220 HEDGESPARROWS LANE
SANFORD, FL 32771

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
6368 EPPING CT
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

THOMAS, SHANNON
6220 HEDGESPARROWS LANE
SANFORD, FL 32771 US

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: 08/17/2009
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: THOMAS, SHANNON
Address: 6368 EPPING CT
City-St-Zip: SANFORD, FL 32771

Title: VP ( ) Delete
Name: THOMAS, CHARVELLE
Address: 6368 EPPING CT
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: THOMAS, SHANNON
Address: 6220 HEDGESPARROWS LANE
City-St-Zip: SANFORD, FL 32771

Title: VP (X) Change ( ) Addition
Name: THOMAS, CHARVELLE
Address: 6220 HEDGESPARROWS LANE
City-St-Zip: SANFORD, FL 32771

I hereby certify that the information supplied with this filing does not qualify 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: CHARVELLE THOMAS COO 08/17/2009
Electronic Signature of Signing Officer or Director — Date