


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90005 038 \*\*\*150.00

<b>DOCUMENT # P05000032148</b>	
1. Entity Name 1ST CHOICE REALTY ASSOCIATES, INC.	

Principal Place of Business 7387 N STATE ROAD 7 PARKLAND, FL 33067 US	Mailing Address 8481 NW 34TH MANOR SUNRISE, FL 33351 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

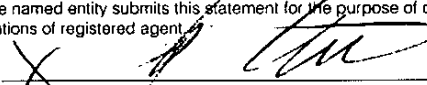
40011937



01122008 Chg-P CR2E034 (12/06)

4. FEI Number 20-2551562	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ELLIOTT, SYLVIA 8481 NW 34TH MANOR SUNRISE, FL 33351	
7. Name and Address of New Registered Agent Name: Robert Elliott Street Address (P.O. Box Number is Not Acceptable): 1387 N St Rd 7 City: Parkland FL Zip Code: 33067	

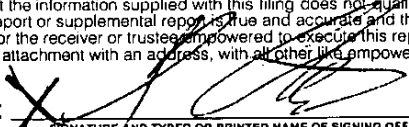
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE:

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELLIOTT, ROBERT 8481 NW 34TH MANOR SUNRISE, FL 33351 <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	Linda Elliott sec/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8481 NW 34th Manor <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	SUNRISE, FL 33351 <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 exemptions contained 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 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:  DATE: 1/14/08 DAYTIME PHONE: 954-341-3721

ATTACHMENT 40011937  
# P05000032148  
STATE OF FLORIDA  
OFFICE OF THE COMPTROLLER  
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State Treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section \_\_\_\_\_, Florida Statutes, I hereby apply for a refund of moneys I paid into the State Treasury, which are subject to refund. The following information is submitted to substantiate the claim.

THE INFORMATION IN THIS BOX WILL BE USED TO WRITE AND MAIL YOUR REFUND CHECK. PLEASE TYPE OR PRINT LEGIBLY.

Name:	<u>1st Choice Realty Associates INC</u>	EIN or SS#:	<u>20-2551562</u>
Address:	<u>7387 N St Rd 7</u> <u>Portland, FL 33067</u>		
Amount:	<u>\$158.75</u>	Date Paid:	_____
Reason for Claim:	<u>AR ALREADY FILED - P05000032148</u>		
<u>SPT 10-17-07 REI</u>			
Certified true and correct this <u>10<sup>th</sup></u> day of <u>April</u> <u>2008</u>			
Signature <u>[Signature]</u>			
* Must be completed if authority is other than Section 215.26, Florida Statutes.			

Do Not Write in This Box - For Agency Use Only	
Amount of recommended refund \$ <u>158.75</u>	
The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on _____	
State Treasurer's Receipt No. <u>01063/003</u> dated <u>10-16-07</u>	
NAME OF ACCOUNT: <u>451010001324530010000010000000</u>	
Statutory Authority for Collection <u>607</u>	
It is requested that payment be made from the following account:	
NAME OF ACCOUNT: <u>451010001324530010000020000000</u>	
Certified true and correct this _____ day of _____	
Department of State, Division of Corporations	(Authorized Agency Signature and Title)
(Agency)	