

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000036969

Entity Name: IT'S MY CHOICE ONLINE, INC.

FILED
Feb 07, 2006
Secretary of State

Current Principal Place of Business:

5334 LAKE LECLARE ROAD
LUTZ, FL 33558 US

New Principal Place of Business:

Current Mailing Address:

5334 LAKE LECLARE ROAD
LUTZ, FL 33558 US

New Mailing Address:

FEI Number: 20-2549193

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUGHES, JUDY S MRS.
5334 LAKE LECLARE ROAD
LUTZ, FL 33558 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: DIR () Delete
Name: HUGHES, JUDY S MRS.
Address: 5334 LAKE LECLARE ROAD
City-St-Zip: LUTZ, FL 33558 US

Title: DIR () Delete
Name: CALTA, MARIANN MS.
Address: 2940 BANYON HILL LANE
City-St-Zip: LAND O LAKES, FL 34639 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR (X) Change () Addition
Name: CALTA, MARIANN MS.
Address: 2940 BANYAN HILL LANE
City-St-Zip: LAND O LAKES, FL 34639 US

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: JUDY S. HUGHES

DIR

02/07/2006

Electronic Signature of Signing Officer or Director

Date