

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

04-29-2008 90088 033 \*\*\*300.00

DOCUMENT # P05000050352		
1. Entity Name ABSOLUTE CHOICE INVESTMENTS, INC.		

Principal Place of Business 1250 WINDWAY CIR KISSIMMEE, FL 34744	Mailing Address P.O.BOX. 452762 KISSIMMEE, FL 34745
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2. Principal Place of Business - No P.O. Box # <i>1250 Windway cir</i>	3. Mailing Address <i>P.O.BOX 452762</i>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State <i>Kissimmee 71</i>	City & State <i>Kissimmee</i>
Zip <i>34744</i>	Country <i>US</i>
Zip <i>34744</i>	Country <i>US</i>

6. Name and Address of Current Registered Agent  ROSADO, MARY A 1250 WINDWAY CIR KISSIMMEE, FL 34744	7. Name and Address of New Registered Agent  Name <i>Mary A. Rosado</i> Street Address (P.O. Box Number is Not Acceptable) <i>1250 Windway cir</i> City <i>Kissimmee</i> Zip Code <i>FL 34744</i>
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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 *Mary A. Rosado* Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *3-30-08*

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	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 ROSADO, MARY A P.O.BOX. 452762 KISSIMMEE, FL 34745	<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	VP ROSADO, EDWIN P.O.BOX. 452762 KISSIMMEE, FL 34745	<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	SEC ROSADO, EDMARY P.O.BOX. 452762 KISSIMMEE, FL 34745	<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	SEC ROSADO, EYBELLE M P.O.BOX. 452762 KISSIMMEE, FL 34745	<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	<i>Resurer Miguel A. Vego 2321 Corhill Dr Orlando, FL 32837</i>
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: *Mary A. Rosado* president

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-08  
Date

407-873-2316  
Daytime Phone #