## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE 1/2

## FILED Mar 06, 2006 8:00 am Secretary of State

03-06-2006 90010 025 \*\*\*158 75

3/3/06 56/-309-6625 Date Dayline Phone #

DOCUMENT # P05000079116  1. Entity Name CHOICE PROPERTY SERVICES, INC.								03-06-2006	90010 025	***158.	./3
Principal Place of Business 117 SWAN PARKWAY EAST ROAYL-PALM BEACH, FL 33411 Royal				Mailing Address 117 SWAN PARKWAY EAST <del>ROAYL</del> PALM BEACH, FL 33411 Royal					ITIIH TAIK LORGA CACA	[ ]] <b># 8</b> [ ]] <b># 18                                   </b>	II <b>ITO</b> P IE A <b>TO</b> P
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.		03022006	Chg-P	CR2E03-	4 (11/05)		
City & State				City & State		4. FEI Numb	95717	2		plied For t Applicable	
Zip	Country			Zip		try		of Status Desired	Ė Ė	8.75 Add ee Required	
	6. Name	and Address of C	Current Regis	tered Agent		Name -	7. Name and	Address of New	Registered Ag	jent	
CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410						Street Address	(P.O. Box Numb	er is Not Acceptate	los Ku arkwa	na 14 &	K ast
						City BOY	ial Pa	Im Bea	(h FL	Zip Code	3411
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. It am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
		FEE IS \$150. 6 Fee will be		9. Election Campa Trust Fund Cont			5.00 May Be ded to Fees				
10. OFFICERS AND DIRECTORS					11.	<del></del> -	ADDITIONS	I /CHANGES TO OF	FICERS AND D	DIBECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLOSKUNAK, BRIAN D 117 SWAN PARKWAY EAST ROAYL PALM BEACH, FL 33411									Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete			_		[	Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1				Change	☐ Addition
indicated of the cor	on this repo poration or th	rt or supplemental he receiver or trusti	report is true a ee empowere	iling does not qualify fo and accurate and that r dyto execute this report I other like empowered	my signat as requir	emptions containe ure shall have the red by Chapter 60	ed in Chapter 119 e same legal effe 07, Florida Statuti	9, Florida Statutes of as if made unde es; and that my na	. I further certify r oath; that I am me appears in I	that the in an officer Block 10 or	nformation or director Block 11 if

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR