2007 FOR PROFIT CORPORATION

Jul 09, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P06000112590 1. Entity Name 07-09-2007 90046 020 ***150.00 **IDEAL CHOICE MANAGEMENT COMPANY** Principal Place of Business Mailing Address 14758 EAST ORANGE LAKE BOULEVARD 14758 EAST ORANGE LAKE BOULEVARD KISSIMMEE, FL 34747 US KISSIMMEE, FL 34747 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07042007 Chg-P CR2E034 (12/06) 4. FEI Number 20 - 8775181 City & State City & State Applied For Not Applicable Zin Country Country Zip \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRIAN, PAULA Street Address (P.O. Box Number is Not Acceptable) 14758 EAST ORANGE LAKE BOULEVARD KISSIMMEE, FL 34747 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 14, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. VP Delete TITLE TITLE ☐ Change Addition HOLDSHORTH JOANNE NAME BRIAN, PAUL NAME 14758 EAST ORANGE LAKE BLVD 14758 EAST ORANGE LAKE BOULEVARD STREET ADDRESS STREET ADDRESS CATY-ST-ZIP KISSIMMEE, FL 34747 CITY-ST-ZIP KISSIMMEE, FL 34747 n ρ TITLE ☐ Delete TITLE DT ☐ Change ☐ Addition BRIAN, PAULA HOLDSLIDETH PHILIP NAME NAME 14758 EAST ORANGE LAKE BOULEVARD STREET ADDRESS STREET ADDRESS 14758 EAST ORANGE LAKE BLUD KISSIMMEE, FL 34747 CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE, FL 34747 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete IIILE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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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 tike empowered.

SIGNATURE: ME OF SIGNING OFFICER OR DIRECTOR