

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000112590

FILED
Feb 17, 2009
Secretary of State

Entity Name: IDEAL CHOICE MANAGEMENT COMPANY

Current Principal Place of Business:

CARIBBEAN PLAZA, 9734 W. HWY 192
CLERMONT, FL 34711 US

New Principal Place of Business:

459 TIVOLI CIRCLE
DAVENPORT, FL 33837 US

Current Mailing Address:

CARIBBEAN PLAZA, 9734 W. HWY 192
CLERMONT, FL 34711 US

New Mailing Address:

459 TIVOLI CIRCLE
DAVENPORT, FL 33837 US

FEI Number: 20-8775181

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BRIAN, PAULA
CARIBBEAN PLAZA, 9734 W. HWY 192
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

BRIAN, PAULA
459 TIVOLI CIRCLE
DAVENPORT, FL 33837 US

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: PAULA BRIAN

02/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: BRIAN, PAUL
Address: CARIBBEAN PLAZA, 9734 W. HWY 192
City-St-Zip: CLERMONT, FL 34711 US

Title: DP () Delete
Name: BRIAN, PAULA
Address: CARIBBEAN PLAZA, 9734 W. HWY 192
City-St-Zip: CLERMONT, FL 34711 US

Title: DS () Delete
Name: HOLDSWORTH, JOANNE
Address: CARIBBEAN PLAZA, 9734 W. HWY 192
City-St-Zip: CLERMONT, FL 34711

Title: DT () Delete
Name: HOLDSWORTH, PHILIP
Address: CARIBBEAN PLAZA, 9734 W. HWY 192
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change () Addition
Name: BRIAN, PAUL
Address: 459 TIVOLI CIRCLE
City-St-Zip: DAVENPORT, FL 33837 US

Title: DP (X) Change () Addition
Name: BRIAN, PAULA
Address: 459 TIVOLI CIRCLE
City-St-Zip: DAVENPORT, FL 33837 US

Title: DS (X) Change () Addition
Name: HOLDSWORTH, JOANNE
Address: 459 TIVOLI CIRCLE
City-St-Zip: DAVENPORT, FL 33837

Title: DT (X) Change () Addition
Name: HOLDSWORTH, PHILIP
Address: 459 TIVOLI CIRCLE
City-St-Zip: DAVENPORT, FL 33837

I hereby certify that the information supplied with this filing does not qualify 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: PAULA BRIAN

DP

02/17/2009

Electronic Signature of Signing Officer or Director

Date