2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000099463

Entity Name: CHOICE IMPACT SOLUTIONS, INC.

FILED Sep 02, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4651 SALISBURY ROAD 7422 ATLANTIC BLVD SUITE 315 JACKSONVILLE, FL 32211 JACKSONVILLE, FL 32256 **New Mailing Address: Current Mailing Address:** 6665 CABELLO DRIVE 7422 ATLANTIC BLVD JACKSONVILLE, FL 32226 JACKSONVILLE, FL 32211 FEI Number: 26-0850330 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: SHIPMAN, EMMA SHIPMAN, EMMA 6665 CABELLO DRIVE 7422 ATLANTIC BLVD JACKSONVILLE, FL 32226 JACKSONVILLE, FL 32211 US 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: 09/02/2008 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete (X) Change () Addition SHIPMAN, EMMA SHIPMAN, EMMA Name: Name: 6665 CABELLO DRIVE 7422 ATLANTIC BLVD Address: Address: City-St-Zip: JACKSONVILLE, FL 32226 City-St-Zip: JACKSONVILLE, FL 32211 Title: Title: () Delete (X) Change () Addition Name: BROOKS, VANESSA Name: SHIPMAN, CHELSEA 4063 GREENWILLOW LANE EAST 7422 ATLANTIC BLVD Address: Address: JACKSONVILLE, FL 32277 JACKSONVILLE, FL 32211 City-St-Zip: City-St-Zip: Title: (X) Change () Addition Title: () Delete D ROMAINE, MARY SHIPMAN, LLOYD Name: Name: 8009 FRESCA STREET 7422 ATLANTIC BLVD Address: Address: City-St-Zip: JACKSONVILLE, FL 32217 City-St-Zip: JACKSONVILLE, FL 32211 () Delete Title: Title: () Change () Addition CRAIG, GERALDINE Name: Name: Address: 140 EUCLID AVENUE Address: City-St-Zip: City-St-Zip: TEANECK, NJ 07666 Title: (X) Delete Title: () Change () Addition PRINGLE, SHEILA Name: Name: 9557 MAIDSTONE MILL DRIVE WEST Address: Address: City-St-Zip: JACKSONVILLE, FL 32244 City-St-Zip:

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: EMMA SHIPMAN D 09/02/2008