

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000099463

FILED
Apr 30, 2009
Secretary of State

Entity Name: CHOICE IMPACT SOLUTIONS, INC.

Current Principal Place of Business:

7422 ATLANTIC BLVD
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

7422 ATLANTIC BLVD
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 26-0850330

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIPMAN, EMMA
7422 ATLANTIC BLVD
JACKSONVILLE, FL 32211 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SHIPMAN, EMMA
Address: 7422 ATLANTIC BLVD
City-St-Zip: JACKSONVILLE, FL 32211

Title: D () Delete
Name: SHIPMAN, CHELSEA
Address: 7422 ATLANTIC BLVD
City-St-Zip: JACKSONVILLE, FL 32211

Title: D () Delete
Name: SHIPMAN, LLOYD
Address: 7422 ATLANTIC BLVD
City-St-Zip: JACKSONVILLE, FL 32211

Title: D () Delete
Name: CRAIG, GERALDINE
Address: 140 EUCLID AVENUE
City-St-Zip: TEANECK, NJ 07666

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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

MD

04/30/2009

Electronic Signature of Signing Officer or Director

Date