

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000099463

FILED
Apr 30, 2011
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:

8075 OLD KINGS ROAD SOUTH
JACKSONVILLE, FL 32217

Current Mailing Address:

7422 ATLANTIC BLVD
JACKSONVILLE, FL 32211

New Mailing Address:

6665 CABELLO DRIVE
JACKSONVILLE, FL 32217

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:

SHIPMAN, EMMA
6665 CABELLO DRIVE
JACKSONVILLE, FL 32226 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:

04/30/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: SHIPMAN, EMMA
Address: 8075 OLD KINGS ROAD SOUTH
City-St-Zip: JACKSONVILLE, FL 32217

Title: D
Name: SHIPMAN, CHELSEA
Address: 8075 OLD KINGS ROAD SOUTH
City-St-Zip: JACKSONVILLE, FL 32217

Title: D
Name: SHIPMAN, LLOYD
Address: 8075 OLD KINGS ROAD SOUTH
City-St-Zip: JACKSONVILLE, FL 32217

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

I hereby 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 all other like empowered.

SIGNATURE: EMMA SHIPMAN

PRES

04/30/2011

Electronic Signature of Signing Officer or Director

Date