

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Jun 29, 2009  
Secretary of State**

DOCUMENT# P08000078484

Entity Name: CHOICES IN LIVING SWF INC

**Current Principal Place of Business:**

2265 S OLGA DR  
FT MYERS, FL 33905 US

**New Principal Place of Business:**

3812 SKYLINE BOULEVARD  
CAPE CORAL, FL 33914 US

**Current Mailing Address:**

2265 S OLGA DR  
FT MYERS, FL 33905 US

**New Mailing Address:**

3812 SKYLINE BOULEVARD  
CAPE CORAL, FL 33914 US

FEI Number: 26-3246229      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GATTURNA, FRANCIS  
2265 S OLGA DR  
FT MYERS, FL 33905 US

**Name and Address of New Registered Agent:**

GATTURNA, FRANCIS  
3812 SKYLINE BOULEVARD  
CAPE CORAL, FL 33914 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: \_\_\_\_\_ 06/29/2009  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GATTURNA, FRANCIS  
Address: 2265 S OLGA DR  
City-St-Zip: FT MYERS, FL 33905 US

Title: VP ( ) Delete  
Name: GATTURNA, ELIZABETH  
Address: 2265 S OLGA DR  
City-St-Zip: FT MYERS, FL 33905 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: GATTURNA, FRANCIS  
Address: 3812 SKYLINE BOULEVARD  
City-St-Zip: CAPE CORAL, FL 33914 US

Title: VP (X) Change ( ) Addition  
Name: GATTURNA, ELIZABETH  
Address: 3812 SKYLINE BOULEVARD  
City-St-Zip: CAPE CORAL, FL 33914 US

Title: SEC ( ) Change (X) Addition  
Name: GATTURNA, BETH  
Address: 3812 SKYLINE BOULEVARD  
City-St-Zip: CAPE CORAL, FL 33914 US

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: FRANCIS GATTURNA      P      06/29/2009  
Electronic Signature of Signing Officer or Director      Date