2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 21, 2008 08:00 A Secretary of State **DOCUMENT # P93000048610** 1. Entity Name LAWYERS' CHOICE INC. Principal Place of Business Mailing Address 3650 135TH AVE. N. 3650 135TH AVE. N. LARGO, FL 33771 US 106 F LARGO, FL 33771 US CR2E034 (11/05) 02182008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3189642 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BAUMBACH, DONNELL DO NOT WRITE 3650 135TH AVE. NORTH LARGO, FL 34641 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature regulard when reinstating) DATE U00000833824 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 กร/รัติ/กิล-80028-003 150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE BAUMBACH, DONNELL NAME STREET ADDRESS 3650 - 135TH AVENUE NORTH CITY-ST-ZIP LARGO, FL TITLE NAME STREET ADDRESS CITY-ST-71P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

NATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR