



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90199 025 ***150.00

DOCUMENT # P95000076570 1. Entity Name LENDERS CHOICE, INC.					
Principal Place of Business 5760 MARKHAM WOODS ROAD LAKE MARY, FL 32746			Mailing Address P.O. BOX 951798 LAKE MARY, FL 32795		
2. Principal Place of Business 4370 CARRAWAY PL. Suite, Apt. #, etc. B-1314		3. Mailing Address Suite, Apt. #, etc. 		40080602 	
City & State SANFORD, FL.		City & State 		4. FEI Number 59-3353157	
Zip 32771		Country Seminole		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRELSFORD, GENE MR 5760 MARKHAM WOODS ROAD LAKE MARY, FL 32746				7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 181 HAMMOCK OAK CIRCLE City DeBARY FL Zip Code 32713	
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 Gene Brelsford Pres. DATE 4/14/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT GENE BRELSFORD 5760 MARKHAM WOODS RD LAKE MARY, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME 181 HAMMOCK OAK CIRCLE DeBARY, FL. 32713	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SUSAN BRELSFORD 5760 MARKHAM WOODS RD. LAKE MARY, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME 181 HAMMOCK OAK CIRCLE DeBARY, FL. 32713	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Gene Brelsford Gene Brelsford 4/14/06 407-341-8645 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					