2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000092169

1. Entity Name CHOICE PROPERTY MANAGEMENT, INC.



645 S. BEACH ST. DAYTONA BEACH, FL 32114 US

Principal Place of Business

Mailing Address 645 S. BEACH ST. DAYTONA BEACH, FL 32114 U FILED
Apr 02, 2007 08:00 AM
Secretary of State



DO NOT WRITE IN THIS SPACE

03062007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3351435

Applied For Not Applicable

5. Certificate of Status Desired

\$8,75 Additional Fee Required

6. Name and Address of Current Registered Agent

POTTS, GERALD 645 S. BEACH ST. DAYTONA BEACH, FL 32114

DO NOT WRITE IN THIS SPACE

			1			
 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				Agent signature required when reinstating) DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. St.00 May Be Added to Fees			U00000684476 04/06/07-80034-017 150.00	
10.	OFFICERS AND DIREC	CTORS				
HITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD POTTS, GERALD 645 S. BEACH ST. DAYTONA BEACH, FL 32114	-				
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE Name Street address City-St-Zip			DO NOT WRITE			
IITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
IITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME			1			

12. Thereby 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:

STREET ADDRESS CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI

Gerald R. Potts

3/27/07

386248-2866

Daytima Phone #