

2005 FOR PROFIT CORPORATION ANNUAL REPORT

1042

DOCUMENT # P98000083308
 1. Entity Name
 THE CHOICE INVESTMENT PROPERTIES INC.



FILED

05 MAY 16 PM 2:17

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business
 8715 PERKER LANE
 TALLAHASSEE, FL 32317

Mailing Address
 8715 PERKER LANE
 TALLAHASSEE, FL 32317

05162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3596072	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CHOICE, RALEIGH
 8715 PERKER LANE
 TALLAHASSEE, FL 32311

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$550.00
 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHOICE, RALEIGH 8715 PERKER LANE TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NICHOLSON-CHOICE, MARIBEL 8715 PERKER LANE TALLAHASSEE, FL 32311
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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Raleigh Choice, Pres 5-16-05 850 508-6270
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

5/16/05 2 of 2

To Whom it May Concern:

Our office did not receive annual report
by mail for 2005

M. M. Louie,