2006 FOR PROFIT CORPORATION

## FILED ANNUAL REPORT. May 11, 2006 08:00 Al Secretary of State DOCUMENT # P98000083308 1. Entity Name THE CHOICE INVESTMENT PROPERTIES INC. Principal Place of Business Mailing Address 8715 PERKER LANE 8715 PERKER LANE TALLAHASSEE, FL 32317 TALLAHASSEE, FL 32317 05092006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3596072 Not Applicable \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent CHOICE, RALEIGH DO NOT WRITE 8715 PERKER LANE TALLAHASSEE, FL 32311 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 it applicable (NOTE Registered Agent signalure registere when reinstation) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 6, 2006 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS INTE F NAME CHOICE, RALEIGH : STREET ADDRESS 8715 PERKER LANE CHTY-ST-ZIP TALLAHASSEE, FL 32311 TITLE U00000564524 05/20/06-80075-003 150.00 NICHOLSON-CHOICE, MARIBEL NAME STREET ADDRESS 8715 PERKER LANE CITY-ST-ZIP TALLAHASSEE, FL 32311 TITLE NAME STREET ADDRESS DO NOT WRITE CHTY ST-ZIP UTLE IN THIS SPACE HAME STREET ADDRESS CITY-ST-ZIP TATLE

12. Thereby certify that the information supplied with this filling 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 of 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:

NAME STREET ADDRESS CITY+ST-ZIP DILE NAME STREET ADDRESS CITY-51-ZIP

ED NAME OF SIGNING OFFICER OR DIRECTOR