

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90042 013 ***150.00

DOCUMENT # P98000098682 1. Entity Name RIGHT CHOICE DISTRIBUTOR, INC.					
Principal Place of Business 970 SUNSHINE LANE SUITE #1004 ALATAMONTE SPRINGS, FL 32714 US			Mailing Address 380 SOUTH STATE ROAD 434 SUITE #1004-279 ALTAMONTE SPRINGS, FL 32714 US		
2. Principal Place of Business - No P.O. Box # 909 E Sandpiper St		3. Mailing Address Suite, Apt. #, etc.			
City & State Apopka		City & State			
Zip 32712 Country Orange		Zip Country		4. FEI Number 59-3535902	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent COWAN, ROGER 5261 RIVER BIRCH CT ORLANDO, FL 32808			7. Name and Address of New Registered Agent Name ROGER COWAN Street Address (P.O. Box Number is Not Acceptable) 909 E Sandpiper Street City Apopka FL Zip Code 32712		
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 DATE _____ <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, 2007 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	S COWAN, ROGER 5261 RIVER BIRCH CT. ORLANDO, FL 32808 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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:			04-06-07 407-325-2671		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		