APPROVED
06-13-2005 90004 010 ***150.00
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2005 FOR PROFIT CORPORATION ANNUAL REPORT

05 JUN 23 AM 10: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000075499

1. Entity Name
SUCCESS BY CHOICE SYSTEMS AND DESIGNS INC.

Principal Place of Business	Mailing Address
201 MIRACLE STRIP PKWY. S.E., STE. D FT. WALTON BEACH, FL 32548	201 MIRACLE STRIP PKWY. S.E., STE. D FT. WALTON BEACH, FL 32548

05162005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
29 COUNTRY CLUB RD		29 COUNTRY CLUB RD	
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A	
City & State SHALIMAR, FL		City & State SHALIMAR, FL	
Zip 32579	Country USA	Zip 32579	Country USA

4. FEI Number 59-3629445 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WENZEL, VALERIE
201 MIRACLE STRIP PKWY. S.E., STE. D
FT. WALTON BEACH, FL 32548

7. Name and Address of New Registered Agent

Name VALERIE WENZEL

Street Address (P.O. Box Number is Not Acceptable) 29 COUNTRY CLUB RD

City SHALIMAR FL Zip Code 32579

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WERNAL, VALERIE		NAME		
STREET ADDRESS	29 COUNTRY CLUB ROAD		STREET ADDRESS		
CITY-ST-ZIP	SHALIMAR, FL 32579		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: VALERIE WENZEL [signature] 6/1/05 850-651-3137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #