2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005
Secretary of State

DOCUMENT# P99000084594

Entity Name: DETAILER'S CHOICE, INC.

Current Principal Place of Business:

4101 EL REY RD
UNIT 12A
ORLANDO, FL 32808

New Principal Place of Business:

4101 EL REY RD
SUITE 12A
ORLANDO, FL 32808

Current Mailing Address:

PO BOX 161820
ALTAMONTE SPRINGS, FL 327161820

New Mailing Address:

4101 EL REY RD
SUITE 12A
ORLANDO, FL 32808

FEI Number: 62-1795940 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PULLEN, BRIAN L
540 RIDGEVIEW WAY, APT 307
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

PULLEN, BRIAN L
3401 STARBIRD DR
OCOEE, FL 34761 US

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.

SIGNATURE: _____ 01/14/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PULLEN, BRIAN L
Address: 540 RIDGEVIEW WAY
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: S ( ) Delete
Name: PULLEN, STEPHANIE R
Address: 540 RIDGEVIEW WAY
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PULLEN, BRIAN L
Address: 3401 STARBIRD DR
City-St-Zip: OCOEE, FL 34761

Title: S (X) Change ( ) Addition
Name: PULLEN, STEPHANIE R
Address: 3401 STARBIRD DR
City-St-Zip: OCOEE, FL 34761

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN L PULLEN P 01/14/2005
Electronic Signature of Signing Officer or Director — Date