



**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S65989</b>			
1. Entity Name <b>CHOICE MANAGEMENT, INC.</b>			
Principal Place of Business <b>324 ROYAL PALM WAY SUITE 231 PALM BEACH, FL 33480 US</b>		Mailing Address <b>P.O. BOX 2771 PALM BEACH, FL 33480 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		02252004 No Chg-P CR2E034 (10/03)	
		4. FEI Number <b>52-1797579</b>	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			
<b>HAISFIELD, MARC 324 ROYAL PALM WAY SUITE 231 PALM BEACH, FL 33480</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		<b>U000000137463 04/29/04-80042-004 150.00</b>	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST HAISFIELD, MARC 324 ROYAL PALM WAY, STE 231 PALM BEACH, FL 33480		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST HAISFIELD, TAMARA 324 ROYAL PALM WAY, STE 231 PALM BEACH, FL 33480		
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<b>DO NOT WRITE IN THIS SPACE</b>			
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: <u>Marc Haisfield, Pres</u>		4/27/04 5616552829	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	