2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# V47921

Entity Name: CHOICE GROUP, INC.

Current Principal Place of Business:

18234 NW 21ST STREET
PEMBROKE PINES, FL 33029 US

New Principal Place of Business:

502 LAKE COMO DRIVE
POMONA PARK, FL 32181 US

Current Mailing Address:

P.O. BOX 820005
S. FLA, FL 330820005 US

New Mailing Address:

FEI Number: 65-0350643 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBINSON, JAMES H.
18234 NW 21ST STREET
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

ROBINSON, JAMES H.
502 LAKE COMO DRIVE
POMONA PARK, FL 32181 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: 05/01/2006
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVS ( ) Delete
Name: ROBINSON, JAMES H.,
Address: 18234 NW 21ST STREET
City-St-Zip: PEMBROKE PINES, FL

Title: TD ( ) Delete
Name: ROBINSON, JAMES H.,
Address: 18234 NW 21ST STREET
City-St-Zip: PEMBROKE PINES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVS (X) Change ( ) Addition
Name: ROBINSON, JAMES H.,
Address: 502 LAKE COMO DRIVE
City-St-Zip: POMONA PARK, FL 32181

Title: TD (X) Change ( ) Addition
Name: ROBINSON, JAMES H.,
Address: 502 LAKE COMO DRIVE
City-St-Zip: POMONA PARK, FL 32181

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JAMES H. ROBINSON PRES 05/01/2006
Electronic Signature of Signing Officer or Director — Date