

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000005078

FILED
Jan 28, 2008
Secretary of State

Entity Name: FIRST CHOICE FOR CONTINENCE, INC.

Current Principal Place of Business:

2919 MARLATT
MANHATTAN, KS 66502 US

New Principal Place of Business:

Current Mailing Address:

2919 MARLATT
MANHATTAN, KS 66502 US

New Mailing Address:

FEI Number: 84-1278575 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FINSTROM-MCPHEE, KAREN
3493 WINCHESTER DRIVE
PORT ORANGE, FL 32119 US

Name and Address of New Registered Agent:

FINSTROM-MCPHEE, KAREN
6805 PLUMPJACK CT.
PORT ORANGE, FL 32128 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: _____

Electronic Signature of Registered Agent

01/28/2008

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: NEWMAN, CARL T MD
Address: 3101 TAM O'SHANTER
City-St-Zip: HAYS, KS 67601

Title: VSD () Delete
Name: FINSTROM-MCPHEE, KAREN
Address: 3493 WINCHESTER DRIVE
City-St-Zip: PORT ORANGE, FL 32119

Title: VTD () Delete
Name: FOLKERTS, DEBRA J
Address: 1808 LITTLE KITTEN AVENUE
City-St-Zip: MANHATTAN, KS 66503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VSD (X) Change () Addition
Name: FINSTROM-MCPHEE, KAREN
Address: 6805 PLUMPJACK CT.
City-St-Zip: PORT ORANGE, FL 32128

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DEBRA FOLKERTS

Electronic Signature of Signing Officer or Director

VTD

01/28/2008

Date