2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED AND FILED

06 SEP 11 PM 5:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 723110

1. Entity Name
THE FORE-PLEX ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2295 LOWSON BLVD. DELRAY BEACH, FL 33445-6051	C/O VICTORY ACCG SERVICE PO BOX 243214 BOYNTON BEACH, FL 33424 US

09082006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1803809 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RANDALL K. ROGER & ASSOCIATES, P.A. 621 NW 53 STREET 300 BOCA RATON, FL 33487	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPO VANDULSEN, MILT 2403D LOWSON BLVD DELRAY BEACH, FL 33445	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Karen Pugh 2303D Lowson Blvd Delray Beach FL 33445	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GEORGE, STEVEN 2605C LAWSON BLVD DELRAY BEACH, FL 33445	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Steve Mitchell 2605 D Lowson Blvd Delray Beach FL 33445	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TASKA, BARBARA 2615A LAWSON BLVD DELRAY BEACH, FL 33445	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500079773945 09/13/06--01034--015 **61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, 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: Steve Mitchell Steve Mitchell 9/8/2006 661-276-4030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #