2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 20, 2006 8:00 am Secretary of State

DOCUMENT # 752702 1. Entity Name TOWER FORUM, INC.				03-20-2006 90001 024 ****61.25			
Principal Place of Business P O BOX 39564 ET LAUDERDALE, FL 33339 Mailing Address P O BOX 39564 ET LAUDERDALE, FL 33339			339 .				
2. Principal Place of Business 3. Malling Address 3685 Caranbola Circle N Suite, Apt. #, etc.					006 Chg-NP	CR2E037 (11/05)	
City & State		Coconut Cr			4. FEI Number Applied For 59-2194903 Not Applicable		
3306	Country 6. Name and Address of Current R	33066	Country	s. Certi	ficate of Status Desired	\$8.75 Additional Fee Required	
Name And Street Address (P Street Address (P City Cocon					n Meacham (P.O. Box Number is Not Acceptable) 85 Caram Dala Circle N. nut Creek FL 33666		
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 Signature. Typed or profiled name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
Filing Fee is \$61.25 Due by May 1, 2006 9. Election Camp Trust Fund Co				\$5.00 Added to	Fees Florid	ke check payable to a Department of State	
10.	OFFICERS AND DIRE	CTORS	11.	ADDITION	S/CHANGES TO OFFICERS	S AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEARSON, PATRICIA 2666 N.E. 35 DRIVE FORT LAUDERDALE, FL 333086	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MASSEY, ALBERT P 2510 NE 13 STREET FORT LAUDERDALE, FL 33304	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dire	tor	Change 🗋 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EASTON, ROBERT M 1560 E OAKLAND PARK BLVD FORT LAUDERDALE, FL 33334	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRANDON, CHARLES F 1881 NE 26TH STREET #203 FT LAUDERDALE, FL 33305	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	resident	Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LAN /	ent/Directions		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michael BOI E Ft. La	udecdale	TV4, 5 FL	
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 of 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: AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #							