


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # F95000003066
1. Entity Name
FORUM OF DELAWARE, INC.



Principal Place of Business Mailing Address
**908 OLD FREE PORT RD.
PITTSBURGH, PA 15238** **908 OLD FREE PORT RD.
PITTSBURGH, PA 15238**

DO NOT WRITE IN THIS SPACE



01312005 No Chg-P CR2E034 (10/03)

4. FEI Number
22-1985528 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**GARRET, NORMAN
5826 NW 24TH TERRACE
THE CLOISTERS OF BROKEN SOUND
BOCA RATON, FL 33496**

**DO NOT WRITE
IN THIS SPACE**

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 *Norman Garret* DATE 11-2-04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GARRET, NORMAN
STREET ADDRESS	5826 NW 24TH TERRACE
CITY - ST - ZIP	BOCA RATON, FL 33496
TITLE	VFM
NAME	GARRET, PAULA
STREET ADDRESS	908 OLD FREEPORT RD.
CITY - ST - ZIP	PITTSBURGH, PA 15238
TITLE	V
NAME	GARRET, JONATHAN
STREET ADDRESS	908 OLD FREEPORT RD.
CITY - ST - ZIP	PITTSBURGH, PA 15238
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

100000217292
02/07/05-80019-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Paula L. Garret* Date 11-2-04 Daytime Phone # 412-781-5970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR