


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 8:00 am
Secretary of State

04-10-2008 90029 001 ***150.00

DOCUMENT # P01000045046

1. Entity Name
4FRONT, INC.



Principal Place of Business 502 SUNPORT LANE SUITE 550 ORLANDO, FL 32809	Mailing Address 502 SUNPORT LANE SUITE 550 ORLANDO, FL 32809
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66009421



03242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3714813	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GRIFFITHS, NICHOLAS J
9100 BAY HILL BLVD
ORLANDO, FL 32819

**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: NICHOLAS J GRIFFITHS - NICHOLAS GRIFFITHS / PRESIDENT DATE: 3/27/08

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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GRIFFITHS, NICHOLAS J 9100 BAY HILL BLVD ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GRIFFITHS, CARMEN 9100 BAY HILL BLVD ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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: NICHOLAS J GRIFFITHS - NICHOLAS GRIFFITHS DATE: 4/28/08 DAYTIME PHONE: 321-229-7595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #