2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 493554

FILED Jan 22, 2006 Secretary of State

Entity Name: THE FORMS MAN, INC.						
Current P	rincipal Plac	e of Business:	New Prince	New Principal Place of Business:		
901 HARB KEY BISC	BOR DR AYNE, FL 33°	149		244 SOUTHWEST 6TH STREET MIAMI, FL 33130		
Current M	lailing Addre	ss:	New Maili	New Mailing Address:		
PO BOX 5 KEY BISC	28 AYNE, FL 33°	149				
FEI Number	: 59-1673026	FEI Number Applied For ()	FEI Number Not App	licable()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
BEALS, JU 1401 BRIC MIAMI, FL	KELL PLAZA		901 HARB	JOSEPH WARREN DOWNS, III 901 HARBOR DRIVE KEY BISCAYE, FL 33149 US		
	e named entity e of Florida.	submits this statement for the p	ourpose of changing i	ts registered o	office or registered agent, or both,	
SIGNATURE: JOESEPH WARREN DOWNS				01/22/2006		
	Electro	nic Signature of Registered Age	ent		Date	
Election Car	mpaign Financir	ng Trust Fund Contribution (X).				
OFFICER	S AND DIREC	CTORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD (BREWSTER, P.O. BOX 528 KEY BISCAYN	·	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD (BREWSTER, S P.O. BOX 528 KEY BISCAYN	,	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	BREWSTER, . 101 OCEAN L) Change (X) Addition JOCELYN H ANE DRIVE # 305 IE, FL 33149 US	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	BREWSTER,	4 11 ISLAND DRIVE # 20007	

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES BREWSTER PD 01/22/2006