2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# 493554

Entity Name: THE FORMS MAN, INC.

Current Principal Place of Business:

244 SOUTHWEST 6TH STREET
MIAMI, FL 33130

New Principal Place of Business:

Current Mailing Address:

PO BOX 528
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 59-1673026 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOSEPH WARREN DOWNS, III
901 HARBOR DRIVE
KEY BISCAYE, FL 33149 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BREWSTER, JAMES H.,
Address: P.O. BOX 528
City-St-Zip: KEY BISCAYNE, FL

Title: VD ( ) Delete
Name: BREWSTER, SUSAN C.,
Address: P.O. BOX 528
City-St-Zip: KEY BISCAYNE, FL

Title: VD ( ) Delete
Name: BREWSTER, JOCELYN H
Address: 101 OCEAN LANE DRIVE # 305
City-St-Zip: KEY BISCAYNE, FL 33149 US

Title: VD ( ) Delete
Name: BREWSTER, JAMES H V
Address: COSTA BRAVA 11 ISLAND DRIVE # 20007
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: BREWSTER, JAMES H. PD 04/02/2009

Electronic Signature of Signing Officer or Director — Date