


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2005 8:00 am
Secretary of State

08-01-2005 90028 032 ***150.00

DOCUMENT # F03000002523	
1. Entity Name FORREST PRODUCTS S.W., INC.	

Principal Place of Business 214 HARBOR POINTE EAST PEORIA, IL 61611	Mailing Address 214 HARBOR POINTE EAST PEORIA, IL 61611
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50058969



2. Principal Place of Business 10613 N Alex Drive	3. Mailing Address 12701 Mastique Beach Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc. PH 01

07252005 Chg-P CR2E034 (10/03)

City & State Peoria, Illinois	City & State Ft. Myers B. Florida
Zip 61615	Zip 33908
Country	Country

4. FEI Number 36-4126281	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent SMITH, FORREST 18120 SAN CARLOS BLVD. #1206 FT. MYERS BEACH, FL 33931		7. Name and Address of New Registered Agent Name Smith, Forrest Street Address (P.O. Box Number is Not Acceptable) 12701 Mastique Beach Blvd. , PH 01 City Ft. Myers FL Zip Code 33908	
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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:  (NOTE: Registered Agent signature required when reinstating) DATE: **7/26/05**

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS SMITH, FORREST H 214 HARBOR POINTE EAST PEORIA, IL 61611 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS Smith, Forrest H 12701 Mastique Beach Blvd PH 01 Ft Myers , FL 33901 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRABER, MICHELLE 214 HARBOR POINTE EAST PEORIA, IL 61611 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Graber, Michelle 10613 N Alex Dr Peoria, IL 61615 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  Date: **7/26/05** Daytime Phone #