

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002523

FILED
Jan 19, 2006
Secretary of State

Entity Name: FORREST PRODUCTS S.W., INC.

Current Principal Place of Business:

10613 N ALEX DRIVE
PEORIA, IL 61615

New Principal Place of Business:

Current Mailing Address:

12701 MASTIQUE BEACH BLVD
PH Q1
FORT MYERS, FL 33908

New Mailing Address:

12701 MASTIQUE BEACH BLVD
PH 1
FORT MYERS, FL 33908

FEI Number: 36-4126281

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, FORREST
12701 MASTIQUE BEACH BLVD, PH 01
FORT MYERS, FL 33908 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: PVS () Delete
Name: SMITH, FORREST H
Address: 12701 MASTIQUE BEACH ,PH 01
City-St-Zip: FORT MYERS, FL 33901

Title: T () Delete
Name: GRABER, MICHELLE
Address: 10613 N ALEX DR
City-St-Zip: PEORIA, IL 61615

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change () Addition
Name: SMITH, FORREST H
Address: 12701 MASTIQUE BEACH ,PH 01
City-St-Zip: FORT MYERS, FL 33901

Title: VP (X) Change () Addition
Name: SMITH, JULIA
Address: 12701 MASTIQUE BEACH ,PH 01
City-St-Zip: FORT MYERS, FL 33901

Title: T () Change (X) Addition
Name: GRABER, MICHELLE
Address: 10613 N ALEX DR
City-St-Zip: PEORIA, IL 61615

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: FORREST SMITH

PCEO

01/19/2006

Electronic Signature of Signing Officer or Director

Date