2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000005352

Entity Name: ARBITRATION FORUMS, INC.

FILED Feb 13, 2007 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
3350 BUSC 295 TAMPA, FL	HWOOD PAR	K DRIVE			
Current Mailing Address:			New Mailir	New Mailing Address:	
P.O. BOX 2 TAMPA, FL	71500 336881500				
FEI Number:	13-3095444	FEI Number Applied For ()	FEI Number Not Appli	cable () Certificate of Status Desired (X)	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
ARCILA, JAIRO 3350 BUSCHWOOD PARK DR SUITE 295 TAMPA, FL 33618 US 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:					
	Electroni	c Signature of Registered Agent	t	Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () SMITH, D. KAY 3350 BUSCHWC TAMPA, FL 336		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	ARCILA, JAIRO	Delete OOD PARK DR - STE 295 18	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	CENTANNI, JOS	DE PLAZA, 1-23-02	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () NARIGON, DAVII 717 MUOLBERR DES MOINES, IA	Y ST	Title: Name: Address: City-St-Zip:	D (X) Change () Addition NARIGON, DAVID P.O. BOX 308 MONROE, IA 50170	
Title: Name: Address: City-St-Zip:	D () LOCKWOOD, RG 355 MAPLE AVE HARLEYSVILLE	NUE	Title: Name: Address: City-St-Zip:	()Change()Addition	
Title: Name: Address: City-St-Zip:	HERDMANN, DA	LDG. 4; 4 CORPORATE DRIVE	Title: Name: Address: City-St-Zip:	D (X) Change () Addition FOUERT, JOHN ONE STATE FARM PLAZA; A4 BLOOMINGTON, IL 61710	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAIRO ARCILA CFO 02/13/2007