

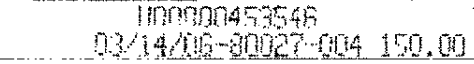
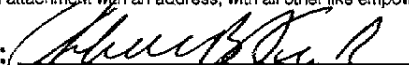


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2006 08:00 A
Secretary of State

DOCUMENT # F98000003374 1. Entity Name FORSYTH ENTERPRISES LIMITED CORP.			
Principal Place of Business 327 GREENWOOD DR WEST PALM BEACH, FL 33405		Mailing Address PO BOX 6972 WEST PALM BEACH, FL 33405	
DO NOT WRITE IN THIS SPACE			
		01172006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 13-3149093	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
FORSYTH, ROBERT 327 GREENWOOD DR WEST PALM BEACH, FL 33405		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	CP	 DO NOT WRITE IN THIS SPACE	
NAME	FORSYTH, EVA		
STREET ADDRESS	1230 S. OCEAN BLVD		
CITY-ST-ZIP	PALM BEACH, FL 33480		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		ROBERT B. FORSYTH 3/1/06 38-655-2928	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	