

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2007 8:00 am**  
**Secretary of State**

02-09-2007 90029 035 \*\*\*150.00

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02012007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # F98000003374</b> 1. Entity Name <b>FORSYTH ENTERPRISES LIMITED CORP.</b>					
Principal Place of Business <b>327 GREENWOOD DR WEST PALM BEACH, FL 33405</b>			Mailing Address <b>PO BOX 6972 WEST PALM BEACH, FL 33405</b>		
2. Principal Place of Business - No P.O. Box # <b>1230 So. OCEAN BLVD</b>		3. Mailing Address Suite, Apt. #, etc. <b>PO BOX 6972</b>			
City & State <b>PALM BEACH FL</b>		City & State <b>WEST PALM BEACH FL</b>		4. FEI Number <b>13-3149093</b>	
Zip <b>33480</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FORSYTH, ROBERT 327 GREENWOOD DR WEST PALM BEACH, FL 33405</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <span style="float: right;">2/7/07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP <b>FORSYTH, EVA 1230 S. OCEAN BLVD PALM BEACH, FL 33480</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:			2/7/07 561655 9316 <small>Date Daytime Phone #</small>		