


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000000408	
1. Entity Name FORGOTTEN KOREAN VETS., INC.	

Principal Place of Business 8048 ROSE TERR LARGO FL 33777-3020 US	Mailing Address 8048 ROSE TERR LARGO FL 33777-3020 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent
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PEEPLES, GENE 8048 ROSE TERR LARGO FL 33777-3020
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4. FEI Number 59-3630902	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent
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Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

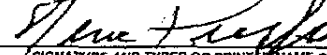
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE
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FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE DC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PEEPLES, FRANCIS E		NAME	
STREET ADDRESS 8048 ROSE TERRACE		STREET ADDRESS	
CITY-ST-ZIP LARGO FL 33777		CITY-ST-ZIP	
TITLE DAC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCGUIRE, RAY		NAME	
STREET ADDRESS 22038 INDIGO DR		STREET ADDRESS	
CITY-ST-ZIP CLEARWATER FL 33763		CITY-ST-ZIP	
TITLE TS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARRIS, TED		NAME	
STREET ADDRESS 604 OLD MILL POND RD.		STREET ADDRESS	
CITY-ST-ZIP PALM HARBOR FL 34683		CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PERKINS, JACKIE		NAME	
STREET ADDRESS 7349 ULMERTON ROAD #180		STREET ADDRESS	
CITY-ST-ZIP LARGO FL 33771		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PERKINS, JOHN		NAME	
STREET ADDRESS 7349 ULMERTON ROAD #180		STREET ADDRESS	
CITY-ST-ZIP LARGO FL 33771		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 617, 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:	
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