2006 NOT-FOR-PROFIT CORPORATION **ℳNNUAL REPORT (AR)**

Feb 27, 2006 8:00 am **Secretary of State** DOCUMENT # N00000000408 1. Entity Name 02-27-2006 90066 032 ****61.25 FORGOTTEN KOREAN VETS., INC. Principal Place of Business Mailing Address 8048 ROSE TERR 8048 ROSE TERR LARGO FL 33777-3020 LARGO FL 33777-3020 2. Principal Place of Business 3. Maiting Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 59-3630902 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PEEPLES, GENE Street Address (P.O. Box Number is Not Acceptable) 8048 ROSE TERR LARGO FL 33777-3020 City 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 02/11/06 (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS (* ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. 1.2 🔲 Delete TITLE Change Addition CUMMINGS, RICHARD NAME NAME 1342 STONE HAVEN LANE STREET ADDRESS STREET ADDRESS DUNEDIN FL 34698 CITY-ST-78P CITY-ST-7IP TITLE ☐ Delete TITI F ☐ Change Addition MCGUIRE, RAY NAME NAME 22038 INDIGO DR STREET ADDRESS STREET ADDRESS CITY ST-ZIP CLEARWATER FL 33763 CITY-ST-7IP Delate PERKINS, JACKIE NAME NAME 7349 ULMERTON ROAD #180 STREET ADORESS STREET ADDRESS CITY-ST-7IP LARGO FL 33771 CITY-ST-7IP TITLE Sec- Cummings LotuA TITLE Change ☐ Addition NAME NAME 1342 STOKE HAVEN LAND DUNEDIN, TZ. 34698 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

2/11/06 (727)397-8801

FILED