2007 NOT-FOR-PROFIT CORPORATION

Apr 26, 2007 8:00 am Secretary of State ANNUAL REPORT 04-26-2007 90193 023 ****61.25 **DOCUMENT # N00000000408** FORGOTTEN KOREAN VETS., INC. 40085624 Principal Place of Business Mailing Address 8048 ROSE TERR 8048 ROSE TERR LARGO, FL 33777-3020 US LARGO, FL 33777-3020 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192007 CR2E037 (12/06) City & State City & State 4. FEI Number 59-3630902 Applied For Not Applicable Zip Country Zip. 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 PEEPLES, GENE 8048 ROSE TERR Street Address (P.O. Box Number is Not Acceptable) LARGO, FL 33777-3020 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 agents? SIGNATURE Signature, typed of printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Addition **CUMMINGS, RICHARD** NAME NAME STREET ADDRESS 1342 STONE HAVEN LANE STREET ADDRESS CITY+ST-7IP DUNEDIN, FL 34698 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME MCGUIRE, RAY NAME STREET ADDRESS 22038 INDIGO DR STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33763 CITY-ST-712 TITLE ☐ Delete TITLE ☐ Change Addition NAME PERKINS, JACKIE NAME STREET ADDRESS 7349 ULMERTON ROAD #180 STREET ADDRESS CITY-ST-ZIP LARGO, FL 33771 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition **CUMMINGS, LORNA** NAME STREET ADDRESS 1342 STONE HAVEN LANE STREET ADDRESS CITY-ST-ZIP DUNEDIN, FL 34698 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 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.

TITLE

STREET ADDRESS

STREET ADDRESS CITY - ST - ZIP

CITY-ST-ZIP

☐ Delete

☐ Delete

SIGNATURE:

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Change

☐ Addition

☐ Addition