2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000646

Entity Name: FLORIDA FAMILY OFFICE FORUM, INC.

FILED Feb 28, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3001 TAMIAMI TRAIL NORTH SUITE 207 C/O SFP GROUP, LTD, 1172 SO. DIXIE HWY

NAPLES, FL 34103 #481

CORAL GABLES, FL 33146

Current Mailing Address: New Mailing Address:

3001 TAMIAMI TRAIL NORTH SUITE 207 C/O SFP GROUP, LTD, 1172 SO. DIXIE HWY

NAPLES, FL 34103 #481

CORAL GABLES, FL 33146

FEI Number: 20-0669599 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PERKOVICH, JOSEPH I KING, KRISTY A

3001 TAMIAMI TRAIL NORTH SUITE 207 C/O SFP GROUP, LTD, 1172 SO. DIXIE HWY

NAPLES, FL 34103 US #481

CORAL GABLES, FL 33146 US

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.

SIGNATURE: KRISTY A. KING 02/28/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: D/S () Delete Title: D/S (X) Change () Addition

Name: PERKOVICH, JOSEPH Name: KING, KRISTY A

Address: 3001 TAMIAMI TRAIL NORTH SUITE 207 Address: C/O SFP GROUP, LTD, 1172 SO DIXIE HWY #481

City-St-Zip: NAPLES, FL 34103 City-St-Zip: CORAL GABLES, FL 33146

Title: DP () Delete Title: DT (X) Change () Addition

Name: PUCK, ROBERT Name: SCHULER, LARRY

Address: 401 EAST LAS OLAS BLVD STE 2200 Address: C/O DEMETREE BLDRS, 3348 EDGEWATER DR.

City-St-Zip: FORT LAUDERDALE, FL 33301 City-St-Zip: ORLANDO, FL 32804

Title: DVP () Delete Title: DVP (X) Change () Addition

Name: RYZEWIC, SUSAN R Name: RYZEWIC, SUSAN R

Address: 5000 SAWGRASS VILLAGE CIRCLE 2 Address: EHR INVESTS, 5000 SAWGRASS VILLAGE CIR 2 City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: DVP () Delete Title: () Change () Addition Name: HACKNEY, MARY Name:

 Address:
 404 CITATION POINT
 Address:

 City-St-Zip:
 NAPLES, FL 34104
 City-St-Zip:

Title: DT () Delete Title: DP (X) Change () Addition

Name: BEDARD, JULIE M Name: BEDARD, JULIE M

Address: ONE NORTH CLEMATIN ST STE 320 Address: ONE NORTH CLEMATIN ST STE 320 City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: WEST PALM BEACH, FL 33401

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTY KING D/S 02/28/2007