2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# N05000011927

Entity Name: SILVER SANDS FORUM, INC.

Current Principal Place of Business:

7116 GULF BOULEVARD, SUITE D
ST. PETE BEACH, FL 33706

New Principal Place of Business:

Current Mailing Address:

7116 GULF BOULEVARD, SUITE D
ST. PETE BEACH, FL 33706

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRODERSEN, THOMAS A ESQ.
7116 GULF BOULEVARD, SUITE D
ST. PETE BEACH, FL 33706 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D,P ( ) Delete
Name: BRODERSEN, THOMAS A ESQ.
Address: 7116 GULF BOULEVARD, SUITE D
City-St-Zip: ST. PETE BEACH, FL 33706 US

Title: D,S ( ) Delete
Name: ANDERSON, PATRICIA F ESQ.
Address: 7116 GULF BOULEVARD, SUITE D
City-St-Zip: ST. PETE BEACH, FL 33706 US

Title: D,T ( ) Delete
Name: ALLINGER, DOROTHY
Address: 6600 SUNSET WAY #212
City-St-Zip: ST. PETE BEACH, FL 33706 US

Title: D ( ) Delete
Name: CUTICCHIA, PAUL
Address: 6600 SUNSET WAY #519
City-St-Zip: ST. PETE BEACH, FL 33706 US

Title: D ( ) Delete
Name: KEATOR, CHARLIE
Address: 6650 SUNSET WAY # 215
City-St-Zip: ST. PETE BEACH, FL 33706 US

Title: D ( ) Delete
Name: SARSFIELD, CHUCK
Address: 6600 SUNSET WAY # 514
City-St-Zip: ST. PETE BEACH, FL 33706 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S,T (X) Change ( ) Addition
Name: WOLCOTT, CHERYL
Address: 7116 GULF BLVD SUITE D
City-St-Zip: ST PETE BEACH, FL 33706 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CHERYL WOLCOTT S,T 04/30/2007

Electronic Signature of Signing Officer or Director — Date