


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90019 046 ****61.25

DOCUMENT # N21559
 1. Entity Name
 FOREST OAKS CRIME WATCH INC.



Principal Place of Business: 8125 FOREST VILLAS APTS, SPRING HILL, FL 34606 US
 Mailing Address: PO BOX 6372, SPRING HILL, FL 34606 US

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01032007 No Chg-NP CR2E037 (4/06)

4. FEI Number: 59-3584019 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BETZ, ELIZABETH A
 8185 ENGLISH ELM CIRCLE
 SPRING HILL, FL 34606

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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: ELIZABETH A. BETZ DATE: 3/7/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	BETZ, ELIZABETH A
STREET ADDRESS	8185 ENGLISH ELM CIRCLE
CITY-ST-ZIP	SPRING HILL, FL 34606
TITLE	D
NAME	TAYLOR, ED
STREET ADDRESS	8123 WOODEN DRIVE
CITY-ST-ZIP	SPRINGHILL, FL 34606
TITLE	D
NAME	BETZ, SR, FREDERICK J
STREET ADDRESS	8185 ENGLISH ELM CIRCLE
CITY-ST-ZIP	SPRING HILL, FL 34606
TITLE	S
NAME	GOLLER, CYNTHIA
STREET ADDRESS	8389 CAMPHOR DR
CITY-ST-ZIP	SPRING HILL, FL 34606
TITLE	D
NAME	HILL, JOHN
STREET ADDRESS	8167 WOODEN DR.
CITY-ST-ZIP	SPRING HILL, FL 34606
TITLE	P
NAME	DOYLE WATT
STREET ADDRESS	WOODEN DR 8135
CITY-ST-ZIP	SPRING HILL, FL 34606

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

SIGNATURE: Elizabeth A. Betz DATE: 3/7/07 DAYTIME PHONE: 352-683-8463
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR