2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2006
Secretary of State

DOCUMENT# N94000005021

Entity Name: THE PROFESSIONAL AND BUSINESS FORUM, INC.

Current Principal Place of Business:

6205 WOOD LAKE ROAD
JUPITER, FL 33458

New Principal Place of Business:

Current Mailing Address:

PO BOX 31417
PALM BEACH GARDENS, FL 33420 US

New Mailing Address:

FEI Number: 65-0526980 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHERMAN, HEIDI
6205 WOOD LAKE ROAD
JUPITER, FL 33458 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: CD ( ) Delete
Name: SCHWARTZ, JOEL
Address: 6830 JARDIN PLACE
City-St-Zip: BOCA RATON, FL 33433

Title: VCD ( ) Delete
Name: HAYNES-PHILLIPS, JUANITA
Address: 7117 GLENWOOD DRIVE
City-St-Zip: BOYNTON BEACH, FL 33424

Title: D ( ) Delete
Name: SHERMAN, HEIDI
Address: 6205 WOOD LAKE RD
City-St-Zip: JUPITER, FL 33458

Title: STD (X) Delete
Name: SHERMAN, R SCOTT
Address: 6205 WOOD LAKE RD
City-St-Zip: JUPITER, FL 33458

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CSTD (X) Change ( ) Addition
Name: SHERMAN, R SCOTT
Address: 6205 WOOD LAKE RD
City-St-Zip: JUPITER, FL 33458

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 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: R. SCOTT SHERMAN CSTD 04/30/2006

Electronic Signature of Signing Officer or Director — Date