



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90015 021 ***150.00

DOCUMENT # P00000073721					
1. Entity Name THE LEGAL FORUM, INC.					
Principal Place of Business 19672 CAROLINA CIRCLE BOCA RATON, FL 33434			Mailing Address P.O. BOX 97 WEST PALM BEACH, FL 33402-0097		
2. Principal Place of Business - No P.O. Box # 7256 PINE PARK DR. W.		3. Mailing Address P.O. Box 540065			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042007 Chg-P CR2E034 (12/06)	
City & State LAKE WORTH, FL 33467		City & State LAKE WORTH, FL 33454		4. FEI Number 65-1034729	
Zip 33467		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROMANO, R. MICHAEL 19672 CAROLINA CIRCLE BOCA RATON, FL 33434			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 agent. SIGNATURE: <u>R. Michael Romano</u> DATE: <u>2-19-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROMANO, ROCCO M <input type="checkbox"/> Delete 19672 CAROLINA CIRCLE BOCA RATON, FL 33434 CHANGE ADDRESS		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7256 PINE PARK DR. W. LAKE WORTH, FL 33467	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 607, 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: <u>R. Michael Romano (R. MICHAEL ROMANO)</u> 2-19-07 561-324-9192 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					