2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004
Secretary of State

DOCUMENT# P02000101017

Entity Name: FORECAST FINANCIAL CORPORATION

Current Principal Place of Business:

5379 LYONS ROAD
SUITE 150
COCONUT CREEK, FL 33073 US

New Principal Place of Business:

10859 EMERALD COAST PARKWAY WEST
SUITE 204-330
DESTIN, FL 32550 US

Current Mailing Address:

5379 LYONS ROAD
SUITE 150
COCONUT CREEK, FL 33073 US

New Mailing Address:

10859 EMERALD COAST PARKWAY WEST
SUITE 204-330
DESTIN, FL 32550 US

FEI Number: 76-0713576 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRAIG, SMITH
5379 LYONS ROAD
SUITE 150
COCONUT CREEK, FL 33073 US

Name and Address of New Registered Agent:

CRAIG, SMITH
10859 EMERALD COAST PARKWAY WEST
SUITE 204-330
DESTIN, FL 32550 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: 01/14/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CRAIG, SMITH G
Address: 5379 LYONS ROAD SUITE 150
City-St-Zip: COCONUT CREEK, FL 33073

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CRAIG, SMITH G
Address: 10859 EMERALD COAST PARKWAY WEST #204-330
City-St-Zip: COCONUT CREEK, FL 33073

Title: SVP ( ) Change (X) Addition
Name: STAHL, KEVIN
Address: 4485 PLAINFIELD AVE SUITE 101B
City-St-Zip: GRAND RAPIDS, MI 49525

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRAIG G SMITH P 01/14/2004
Electronic Signature of Signing Officer or Director — Date