2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P03000103180

1. Entity Name 2435 FORSYTH, INC.



FILED Feb 28, 2007 08:00 AM Secretary of State

Principal Place of Business

49 LORNA DOONE BLVD ORLANDO, FL 32805

Mailing Address

49 LORNA DOONE BLVD ORLANDO, FL 32805



01312007

No Chg-P

CR2E034 (11/05)

4. FEI Number 54-2127006 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOLLAR, BRUCE A

DO NOT WRITE

49 LORNA DOONE BLVD ORLANDO, FL 32805				獨立心語性 医性切迹	THIS SPACE
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS		ace Besty and	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOLLAR, BRUCE A 49 LORNA DOONE BLVD ORLANDO, FL 32805				W00000650702 03708707-80024-008 150700 pc
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					

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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE