2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006
Secretary of State

DOCUMENT# P04000020688

Entity Name: FORGIVEN 5 INCORPORATED

Current Principal Place of Business:

7271 GEORGIA AVE.
ST. JOE BEACH, FL 32456

New Principal Place of Business:

Current Mailing Address:

7271 GEORGIA AVE.
ST. JOE BEACH, FL 32456

New Mailing Address:

FEI Number: 20-0710727 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCENIRY, THOMAS
9024 COCKLES AVE.
PORT ST. JOE, FL 32456 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MILLER, INDIA
Address: 7271 GEORGIA AVE.
City-St-Zip: ST. JOE BEACH, FL 32456

Title: VP ( ) Delete
Name: MCENIRY, THOMAS E 3
Address: 9024 COCKLES AVE.
City-St-Zip: PORT ST. JOE, FL 32456

Title: VP ( ) Delete
Name: TODD, WILLIAM M
Address: 248 COLUMBUS ST.
City-St-Zip: ST. JOE BEACH, FL 32456

Title: VP ( ) Delete
Name: MILLER, MICHAEL H JR.
Address: 433 HENRY AVE.
City-St-Zip: WEWAHITCHKA, FL 32456

Title: VP ( ) Delete
Name: BIELSER, CHAD D
Address: 224 BAY ST.
City-St-Zip: ST. JOE BEACH, FL 32456

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: MCENIRY, THOMAS E 3
Address: 254 PINEDA STREET
City-St-Zip: PORT ST. JOE, FL 32456

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOPMAS MCENIRY VP 02/20/2006

Electronic Signature of Signing Officer or Director Date