2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000064076

City-St-Zip:

MIDDLEBURG, FL 32068

Entity Name: FOREVER BRONZE, INC.

FILED Apr 25, 2005 Secretary of State

Littly Na	IIIE. FOREVE	R BRONZE, INC.			
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
990 CACTUS CUT RD. MIDDLEBURG, FL 32068			SUITE 5	11043 CRYSTAL SPRINGS ROAD SUITE 5 JACKSONVILLE, FL 32221	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	US CUT RD. URG, FL 3206	68			
FEI Number	: 02-1037015	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
1004 JACKSON	N JOSE BLVD IVILLE, FL 322	223 US	nurnose of changing its registered	l office or registered agent, or both,	
in the State	e of Florida.	submits this statement for the p	purpose or changing its registered	ronice of registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (JAMES, DEBO 990 CACTUS (MIDDLEBURG	CUT RD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (JAMES, GARY 990 CACTUS (MIDDLEBURG	CUT RD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	VP (JAMES, JASOI 990 CACTUS (Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: DEBORAH L JAMES P 04/25/2005