2007 FOR PROFIT CORPORATION

ANNUAL REPORT

FILED Apr 09, 2007 8:00 am Secretary of State

DOCUMENT # P04000123856 1. Entity Name FORUM CONSTRUCTION, INC.					04-09-2	007 90052 ()38 ***:	50.00	
Principal Place of Business Mailing Address				⊣ 4. 00	10040				
152 BAYWOOD AVENUE		152 BAYWOOD AVENUE							
LONGWOOD, FL 32750 LONGWOOD, FL 32750									
,		·		± 1661(66) (1) (rain sigii galii galii .		1918) BITH AN		
Principal Place of Business - No P.O. Box # 3. Mailing Address									
					ENIH NISH ENIH NUK	88121 1218 1289 131	ININA KIRKE DII	ISBI IL IBBI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03262007	Chg-P	CR2E034	(12/06)		
City & State		City & State		4. FEI Numbe				plied For	
7:-		Zip Country		20-1612	2465			t Applicable	
j Zip	Country	2(p	Country	5. Certificate of	of Status Desired		B.75 Add e Required		
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New	Registered Ag	ent		
EITZGIMM	ONS GREG	Name	Name						
FITZSIMMONS, GREG 152 BAYWOOD AVENUE			Street Address	Street Address (P.O. Box Number is Not Acceptable)					
LONGWOOD, FL 32750								-	
			City			FL	Zip Code)	
The above carried entity submits this statement for the purpose of changing its registers.				tered agent, or both	n in the State of		miliar with	and accent	
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) DATE									
FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution.									
			11.	ADDITIONS/	CHANGES TO C	FFICERS AND D	RECTOR	S IN 11	
TITLE	P	☐ Delete	TITLE			[Change	Addition	
NAME STREET ADDRESS	FITZSIMMONS, GREG 152 BAYWOOD AVENUE	NAME STREET ADDRESS							
CITY-ST-ZIP	LONGWOOD, FL 32750	CITY-ST-ZIP							
TITLE	s	☐ Delete	TITLE				Change	☐ Addition	
NAME	KING, DONNA		NAME						
STREET ADDRESS	152 BAYWOOD AVENUE		STREET ADDRESS						
CITY-ST-ZIP	LONGWOOD, FL 32750		CITY-SI-ZIP				٦.,	- Aure	
TITLE NAME	VP WALDENBENNER, PERRY	☐ Delete	TITLE			L	Change	☐ Addition	
STREET ADDRESS	9900 W. SAMPLE ROAD SUITE	≣ 300	STREET ADDRESS					-	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		CITY - ST - ZIP						
TITLE	" "	☐ Delete	TITLE	-		[Change	☐ Addition	
NAME			NAME						
STREET ADDRESS			STREET ADDRESS CITY-S1-ZIP						
TITLE		Delete	TITLE				Change	Addition	
NAME		<u> </u>	NAME			·		_	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE			(Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS						
			CITY-ST-ZIP						
	cartify that the information symplicit will	h this files does not suclify f		and in Chanter 110	Florida Statuta	n I further certify	Libet the i	dormation	

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. 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 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: Norme M King
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

401 32245 Daysume Phone #