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Mar 29, 2006 8:00 am
Secretary of State
03-21-2006 90028 047 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000071232

1. Entity Name
LAW OFFICE OF FORREST FREEDMAN PA

Principal Place of Business	Mailing Address
441 S STATE RD 7 #15 MARGATE, FL 33068	441 S STATE RD 7 #15 MARGATE, FL 33068

66007595

01162006 · Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
	3333 W. Commercial Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc. 110
City & State	City & State Ft. Lauderdale Fl.
Zip / Country	Zip 33309 Country US

4. FEI Number 20-2858477 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOWITT, STUART
441 S STATE RD 7 #15
MARGATE, FL 33068

7. Name and Address of New Registered Agent

Name Stuart Howitt
Street Address (P.O. Box Number is Not Acceptable) 3333 W. Commercial Blvd # 110
City Ft. Lauderdale FL Zip Code 33309

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 NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE	☑ Change ☐ Addition
NAME	FREEDMAN, FORREST		NAME	
STREET ADDRESS	441 S STATE RD 7 #15		STREET ADDRESS	3333 W Commercial Blvd #110
CITY-ST-ZIP	MARGATE, FL 33068		CITY-ST-ZIP	Ft. Lauderdale Fl. 33309
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HOWITT, STUART		NAME	
STREET ADDRESS	441 S STATE RD 7 #15		STREET ADDRESS	3333 W Commercial Blvd #110
CITY-ST-ZIP	MARGATE, FL 33068		CITY-ST-ZIP	Ft. Lauderdale Fl. 33309
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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: ____________________ 3/12/06 954 714 1037
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #