2007 FOR PROFIT CORPORATION

FILED Apr 30, 2007 8:00 am Secretary of State 04-30-2007 90432 007 ***150.00

ANNUAL REPORT										
DOCUMENT # 1. Entity Name FORGOTTEN ART, IN										
Principal Place of Business		Mailing Address								
1210 NORTH C STREET LAKE WORTH, FL 33460	US	1210 NORTH C STREET Lake Worth, FL 33460	US							

						ON NE IN						
Principal Place	e of Business	5	Ма	ailing Address				400	002~			
	210 NORTH C STREET 1210 NORTH C STREET				_	1						
LAKE WORTH	, FL 33460	US US	L	ake worth, fl. 3346	60 U	ς .						
										N 800 BEKU 1		
Principal Place of Business - No P.O. Box # Mailing Address												
							7,22,122, 111					
Suite, Apt. #, etc. Suite, Apt. #, etc.						ļ	03172007	Chg-P	CR2E	034 (12/06)		
City & State City & State			City & State				4. FEI Numbe	or,		Ap	plied For	
0.1) 2 5.13			•				20-	402820	7	No	t Applicable	
Zip		Country		Zip	Coun	ntry		5. Certificate	of Status Desired		\$8.75 Add	
	6. Name and Address of Current Registered Agent						7 Name and	Address of New F	Panistarad	Fee Require	0	
	o. Name	and Address of Curren	r iveAls	tereo Agent		Name		7. Haine and	Addition of New I	togisto o	- Agoin	
BERKS, CHRISTY S					Count Address (D.O. Day Norther in Nat Assessed by							
50 SE FOL						Street Address (P.O. Box Number is Not Acceptable)						
DELRAY E	CAUM, FL	_ 33403										
						City				F	Zip Cod	8
									. :- H- C17			
	named entity ions of regist	y submits this statement lered agent.	or the p	ourpose of changing its	register	ed onice or rec	gistere	d agent, or bot	in, in the State of Fi	orida. Fan	n iamiliar with,	and accept
		-										
SIGNATURE	Signature, typed	or printed name of registered ager	nt and title	ıl applicable. (NOT	: Registere	ed Agent signature re	equired w	vhen reinstating)		DATE		
									-			
FIL	E NOW!!!	FEE IS \$150.00		 £lection Campa Trust Fund Cont 			\$5.0	00 May Be d to Fees			-	-
After M	ay 1, 200	7 Fee will be \$550	.00	Trust Fund Cont	noution.		Aude	0.07663				
10.	,	OFFICERS AN	DIRE	CTORS	11.			ADDITIONS/	CHANGES TO OFF	FICERS AN		
TITLE	P			☐ Delete	TITL						Change	☐ Addition
NAME CTUTCT ADDOCCC	LEGGE,				NAN STR	AE EET ADDRESS						
STREET ADDRESS CITY-ST-ZIP		RTH C STREET ORTH, FL 33460				Y-ST-ZIP						
TITLE	D	71111,12 00100		☐ Delete	TIFL	F					☐ Change	Addition
NAME	LEGGE,	DANIEL C		LL DUICIC	NAN	I						_
STREET ADDRESS	-	RTH C STREET			STR	EET ADDRESS						
CITY-ST-ZIP	LAKE WO	ORTH, FL 33460			CITY	Y-ST-ZIP						
TITLE				☐ Delete	titt	£					☐ Change	☐ Addition
NAME					NAN							
STREET ADDRESS	{					EET ADDRESS						
CITY-ST-ZIP					CH	Y-ST-ZIP						
TITLE				☐ Delete	TITL						☐ Change	Addition
NAME STREET APPOSESS					NAM CTD	WE EET ADORESS						
STREET ADDRESS CITY-ST-ZIP						Y-ST-ZIP						
TITLE				☐ Delete	TITL						☐ Change	Addition
NAME				C Delete	NAM							(, , , , , , , , , , , , , , , , , , ,
STREET ADDRESS					STR	EET ADDRESS						
CITY-ST-ZIP					Cit	Y-SI-ZIP						
TITLE	<u> </u>			☐ Delete	TITI	LE					☐ Change	☐ Addition
NAME					NA)							
STREET ADDRESS						REET AOORESS						
CITY-ST-ZIP	<u> </u>					Y-ST-ZIP						
12. I hereby	certify that th	e information supplied w	ith this	iling does not qualify for	or the ex	kemptions cont	tained	in Chapter 119	9, Florida Statutes.	I further c	ertity that the i	ntormation

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or 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.