

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90052 037 \*\*\*150.00

<b>DOCUMENT # P06000113841</b> 1. Entity Name <b>FORUM CONSTRUCTION GROUP, INC.</b>					
Principal Place of Business <b>3665 S. ORLANDO DRIVE, STE #142 SANFORD, FL 32773</b>			Mailing Address <b>3665 S. ORLANDO DRIVE, STE #142 SANFORD, FL 32773</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country		<div style="text-align: right; font-weight: bold; font-size: 1.2em;">66014343</div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>01092007    Chg-P    CP2E034 (12/06)</span> </div> <div style="display: flex; justify-content: space-between; align-items: center;"> <div>             4. FEI Number  <b>20-5573708</b> </div> <div style="border: 1px solid black; padding: 2px;">             Applied For              Not Applicable           </div> </div> <div style="display: flex; justify-content: space-between; align-items: center;"> <div>             5. Certificate of Status Desired    <input type="checkbox"/> </div> <div> <b>\$8.75 Additional Fee Required</b> </div> </div>	
6. Name and Address of Current Registered Agent  <b>ROMIG, JAMES 1380 20TH STREET ORANGE CITY, FL 32763</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>ROMIG, JAMES</b> <b>1380 20TH STREET</b> <b>ORANGE CITY, FL 32783</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>KING, DONNA</b> <b>112 WAY SIDE COURT</b> <b>SANFORD, FL 32771</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE: Donna M King</b>			<b>3/26/07</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date                      Daytime Phone #		

V#14