


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90072 010 ***150.00

DOCUMENT # P07000063107

1. Entity Name
FORBROCKS, INC.




Principal Place of Business
**150 N US HWY ONE, SUITE 5
 TEQUESTA, FL 33469**

Mailing Address
**150 N US HWY ONE, SUITE 5
 TEQUESTA, FL 33469**

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



04172008 Chg-P CR2E034 (12/06)

4. FEI Number **26-0256809** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

VAN BROCK, GARY
150 N US HWY ONE, SUITE 5
TEQUESTA, FL 33469

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	VAN BROCK, GARY
STREET ADDRESS	150 N US HWY ONE, SUITE 5
CITY-ST-ZIP	TEQUESTA, FL 33469
TITLE	D <input type="checkbox"/> Delete
NAME	VAN BROCK, BRIAN
STREET ADDRESS	150 N US HWY ONE, SUITE 5
CITY-ST-ZIP	TEQUESTA, FL 33469
TITLE	D <input type="checkbox"/> Delete
NAME	VAN BROCK, GAIL
STREET ADDRESS	150 N US HWY ONE, SUITE 5
CITY-ST-ZIP	TEQUESTA, FL 33469
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10:

TITLE	PT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 another like empowered.

SIGNATURE: Gary Van Brock **Gary Van Brock** **April 18, 2008** **561-743-6760**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #