2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 09, 2007 8:00 am Secretary of State DOCUMENT # P26128 04-09-2007 90063 037 ***150.00 FORÁM GROUP, INC. OF GEORGIA Principal Place of Business Mailing Address 40000 **600 BRICKELL AVENUE STE 800 600 BRICKELL AVENUE STE 800** MIAMI, FL 33131 MIAMI, FL 33131 US 3. Mailing Address 777 Brickell Avenue Suite, Apt. #, etc. Suite & 808 2. Principal Place of Business - No P.O. Box # 777 Brickell Avenue 03282007 Chg-P CR2E034 (12/06) City & State City & State Applied For 4. FEI Number Miami, Florida 58-1351307 Not Applicable Country USA Zip 33/3/ \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COCKRUM, LORETTA H Street Address (P.O. Box Number is Not Acceptable) 600 BRICKELL AVENUE STE 800 MIAMI, FL 33131 Miami 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. Love Ha Cockrum Colour Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. 777 Brickell Ave., suite 808 Delete TITLE TITI F NAME COCKRUM, LORETTA H. NAME STREET ADDRESS 600 BRICKELL AVENUE STE 800 STREET ADDRESS Miumi, Fl. 33/31 777 Brickell Ave. CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL ☐ Delete TITLE TITLE STRINGER, KRISTIN L NAME NAME 600 BRICKELL AVE, #800 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7IP MIAMI, FL TITLE TITLE Change ☐ Addition 🗖 Delete SEVILLA, CHARLOTTE R NAME NAME 600 BRICKELL AVE STE 800 STREET ADDRESS STREET ADDRESS MIAMI, FL 33131 CITY-ST-ZIP CITY - ST - ZIP Change TITLE ☐ Delete TITLE ☐ 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 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutos. 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 eath, 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: MANATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR