2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 31, 2006 08:00 AM DOCUMENT # P93000066932 **Secretary of State** 1. Entity Name FORREST CONSULTANTS, INC. Mading Address Principal Place of Business 1272 YACHT HARBOR DRIVE SINGER ISLAND FL 33404 1272 YACHT HARBOR DRIVE SINGER ISLAND FL 33404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suste, Apt. #, etc. CR2E034 (10/05) 1st MOORE Applied For City & State 4. FEI Number City & State 04-2973864 Not Applie: Country ZIP Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name MCDONALD, MARSHALL III Street Address (P.O. Box Number is Not Acceptable) 14814 DRAFTHORSE LANE W PALM BEACH FL 33414 Zip Code City 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 acc the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable SIAD (NOTE: Registored Agent signature required when rounstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fo Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ A: MLE 🔲 Delete THE PTSM U00000486581 04/13/06-80043-016 150.00 NAME MARKE WALSH, DAVID A STREET ADDRESS 1272 YACHT HARBOR DR STREET ADDRESS CITY-ST-ZIP SINGER ISLAND FL 33404 CITY-ST-ZIP ☐ Change Detete THE TITLE NAME ORTIZ, JOHN F. MAAR STREET ADDRESS 110 PLEASANT RIDGE CREEK STREET ADDRESS CITY-ST-ZOP CHY-SI-ZIP SUGARLOAF PA 18249 Change $\square \mathbb{A}$ TODLE Delete HILE NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CiTY-ST-ZIP ☐ Change Delete TITLE BILE NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP ☐ Change Delete MLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP ☐ Change \square : MLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHTY-S1-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 it made under oath; that I am an officer or display 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 it changed, or on an attachment with an address, withfall other like empowered.

SIGNATURE:

DANT A. KILICH RESIDENT 3/1/66 848-6396
NING OFFICER OR DIRECTOR
DANT DANTED THE PROPERTY DANTED THE PROPE

FILED