FILED Mar 17, 2006 08:00 Secretary of Stat

2006 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Nam	MENT # P950000 OOD FORUM, INC.	09249	· · · · · · · · · · · · · · · · · · ·					
Principal Place of Business 2880 WEST OAKLAND PARK BOULEVARD #120 FT LAUDERDALE, FL 33311 Mailing Address 2880 WEST OAKLAND PARK BOULE #120 FT LAUDERDALE, FL 33311 FT LAUDERDALE, FL 33311				DULEVARD				
DO NOT WRITE IN THIS SPAC				CE	02272006 4. FEI Numb 65-056	No Chg-P	CR2E0	34 (11/05) Applied For Noi Applicable \$8.75 Additional Ge Required
6. Name and Address of Current Registered Agent SCHMOCKER, SUSANNA C/O I & S MANAGEMENT INC. 2880 W. OAKLAND PARK BLVD #118 FORT LAUDERDALE, FL 33311				DO NOT WRITE IN THIS SPACE				
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								
FILE NOWILL FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution, Added to Fees								
10. TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS	OFFICERS A PD GELLER, ELFRIEDE 22440 ENSENADA WAY BOCA RATON, FL 33433	ND DIRECTORS				UGGGGG 13/29/06-	472261 80029-(306 158.75
CITY-ST-ZIP JULE MAME SUPEET ADDRESS CUTY-SI-ZIP TITLE NAME						NOT W		···
STRLET ADDRESS CITY-ST-ZIP TITLC NAMC STREET AOORESS CITY-ST-ZIP								
NTLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby c - indicated	certify that the information supplied on this report or suppliemental repo	with this filling does	s not qualify for the exe rate and that my signat	emptions contained ure shall have the s	in Chapter I to	9, Florida Statutes) ct as if made under	further certs	fy that the information
12. I hereby certify that the information supplied with this him does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on his 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 affecting it with an address, with all other like empowered. SIGNATURE: SIGNATURE: SIGNATURE AND THEE DR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR Date Department Prome #								