

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90013 039 \*\*\*150.00

<b>DOCUMENT # P95000083056</b>					
<b>1. Entity Name</b> FOREMOST FINANCIAL GROUP, INC.					
<b>Principal Place of Business</b> 2263 N.W. 2ND AVENUE 208 BOCA RATON, FL 33431 US			<b>Mailing Address</b> 2263 N.W. 2ND AVENUE 208 BOCA RATON, FL 33431 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02202007    Chg-P    CR2E034 (12/06)	
<b>6. Name and Address of Current Registered Agent</b>  GERKE, GARY 10334 LEXINGTON CIRCLE S BOYNTON BEACH, FL 33436				<b>7. Name and Address of New Registered Agent</b> Name <u>KAREN DORSEY</u> Street Address (P.O. Box Number is Not Acceptable) <u>2136 SW 7th Court</u> City <u>Boca Raton</u> FL Zip Code <u>33486</u>	
<b>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.</b> SIGNATURE <u>Karen Dorsey</u> <u>KAREN DORSEY</u> <u>2/20/07</u> <small>Signature typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GERKE, MARILYN 10334 LEXINGTON CIRCLE S BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD GERKE, GARY 10334 LEXINGTON CIRCLE S. BOYNTON BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAREN DORSEY 2136 SW 7th Court BOCA RATON, FL 33486	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD RICHARD VECCHIO 9174 GLADES ROAD BOCA RATON, FL 33434	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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>					
<b>SIGNATURE: <u>KAREN DORSEY</u> <u>Karen Dorsey</u> <u>2/20/07</u> <u>561-750-7611</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					