


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90035 019 \*\*\*150.00

<b>DOCUMENT # P98000023317</b>	
1. Entity Name <b>FOREVER FAUX INC.</b>	

Principal Place of Business <b>1445 NE 2ND AVE FORT LAUDERDALE FL 33304 US</b>	Mailing Address <b>1445 NE 2ND AVE FORT LAUDERDALE FL 33304 US</b>
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business <b>1512 NW 18 CT Ft. Lauderdale FL</b>	3. Mailing Address <b>1512 NW 18 CT Ft. Lauderdale FL</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>Ft. Lauderdale FL</b>	City & State <b>Ft. Lauderdale FL</b>
Zip <b>33311</b>	Country <b>USA</b>
Zip <b>33311</b>	Country <b>USA</b>

4. FEI Number <b>65-0830994</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>TUTEN, JOHN 3068 NE 15TH TERRACE OAKLAND PARK FL 33334</b>
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7. Name and Address of New Registered Agent <b>Don Kight 1512 NW 18 CT Ft. Lauderdale FL 33311</b>
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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 <b>John W Tuten</b>	(NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>KIGHT, DON WILLIAM JR</b>	
STREET ADDRESS <b>3068 NE 15TH TERRACE</b>	
CITY-ST-ZIP <b>OAKLAND PARK FL 33334</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>TUTEN, JOHN WELSEY</b>	
STREET ADDRESS <b>3068 NE 15TH TERRACE</b>	
CITY-ST-ZIP <b>OAKLAND PARK FL 33334</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 11	
TITLE <b>Kight, Don William</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>1512 NW 18 CT</b>	
STREET ADDRESS <b>Ft. Lauderdale, FL 33311</b>	
CITY-ST-ZIP <b>Ft. Lauderdale, FL 33311</b>	
TITLE <b>Tuten John Wesley</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>1512 NW 18 CT</b>	
STREET ADDRESS <b>Ft. Lauderdale, FL 33311</b>	
CITY-ST-ZIP <b>Ft. Lauderdale, FL 33311</b>	
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	
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 exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: <b>John W Tuten</b>	3/18/05	954 881 6152
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #