


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90042 031 \*\*\*150.00

<b>DOCUMENT # P98000055717</b>																																																																																																																																			
<b>1. Entity Name</b> FOREMOST PUBLICATIONS, INC.																																																																																																																																			
<b>Principal Place of Business</b> 8569 PINES BLVD SUITE 201 AND 202 PEMBROKE PINES, FL 33024			<b>Mailing Address</b> P.O. BOX 1936 NORFOLK, VA 23501																																																																																																																																
<b>2. Principal Place of Business - No P.O. Box #</b> 911 W Anderson Lane		<b>3. Mailing Address</b> Suite, Apt. #, etc.																																																																																																																																	
Suite, Apt. #, etc. Suite 204		Suite, Apt. #, etc.																																																																																																																																	
<b>City &amp; State</b> Austin TX		<b>City &amp; State</b>																																																																																																																																	
<b>Zip</b> 78757		<b>Country</b> USA		<b>4. FEI Number</b> 65-0844748																																																																																																																															
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable																																																																																																																															
<b>6. Name and Address of Current Registered Agent</b> DYAL, J. PATRICK 1401 EAST BROWARD BLVD SUITE 300 FORT LAUDERDALE, FL 33301			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code																																																																																																																																
<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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																																			
<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> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. 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<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</b> <i>Gwendolyn L. Pell, Director</i> SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-2-07 300-251-6858 Date Daytime Phone #																																																																																																																																