

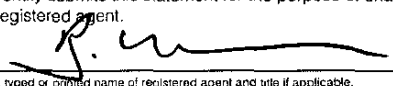
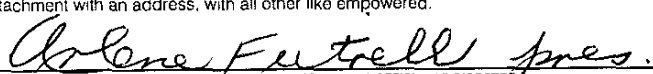


# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # 294722</b> 1. Entity Name <b>FUTRELL CO.</b>						FILED 06 APR 21 AM 11:22 	
Principal Place of Business <b>8203 SW 124TH STREET MIAMI, FL 33156</b>			Mailing Address <b>8203 SW 124TH STREET MIAMI, FL 33156</b>				
2. Principal Place of Business <b>12929 SW 64 CT</b>		3. Mailing Address <b>SAME</b>					
Suite, Apt. #, etc. <b>A</b>		Suite, Apt. #, etc.				03302006    Chg-P    CR2E034 (11/05)	
City & State <b>MIAMI FL</b>		City & State		4. FEI Number <b>59-1103568</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33156</b>	Country <b>USA</b>	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GILSON, GLEN W.    B. MACKAY BROWN</b> <del>0701 SW 120TH STREET</del> <b>7450 S.W. 131 ST</b> MIAMI, FL 33156				7. Name and Address of New Registered Agent  Name <b>B. Mackay Brown</b> Street Address (P.O. Box Number is Not Acceptable) <b>7450 SW 131 ST</b>  City <b>Miami</b> <b>FL</b> Zip Code <b>33156</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.							
SIGNATURE: 				DATE: <b>4/3/06</b>			
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>FUTRELL, ARLENE</b> <input type="checkbox"/> Delete <del>8203 SW 124TH STREET</del> <b>12929 SW 64 CT</b> MIAMI, FL <b>33156</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Address change only <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>12929 SW 64 CT</b> Miami FL 33156		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>VON ZIMMERMAN, DONALD J.</b> <input type="checkbox"/> Delete <del>8203 SW 124TH STREET</del> <b>12929 SW 64 CT</b> MIAMI, FL <b>33156</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			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"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	200073988762 05/04/06--01019--030 <b>**\$61.25</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			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"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	B4/24/04		
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.							
SIGNATURE: 				Date: <b>4/3/06</b>		Daytime Phone #: <b>305-665-0010</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							