


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000003633
 1. Entity Name
 THE FUTURE FOUNDATION INC.



Principal Place of Business Mailing Address
 400 S FEDERAL HIGHWAY 400 S FEDERAL HIGHWAY
 HALLANDALE BEACH, FL 33009 US HALLANDALE BEACH, FL 33009 US

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01262006 No Chg-NP CR2E037 (11/05)

4. FEI Number Applied For
 65-0684443 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 JOVE, DAVID
 400 S FEDERAL HIGHWAY
 HALLANDALE, FL 33009

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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 _____ (NOTE: Registered Agent signature required when resigning) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	LADOLCETTA, PATRICIA
STREET ADDRESS	400 S. FEDERAL HWY
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009
TITLE	D
NAME	ROSS, DOROTHY
STREET ADDRESS	400 S FEDERAL HWY
CITY-ST-ZIP	HALLANDALE BEACH, FL
TITLE	SD
NAME	SANTANGELO, LUANNE
STREET ADDRESS	410 S.E. 3RD ST
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009
TITLE	D
NAME	SCHILLER, FRANCINE
STREET ADDRESS	400 S FEDERAL HWY
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009
TITLE	PD
NAME	COOPER, JOY
STREET ADDRESS	400 SOUTH FEDERAL HIGHWAY
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009
TITLE	VPD
NAME	JULIAN, WILLIAM
STREET ADDRESS	400 SOUTH FEDERAL HIGHWAY
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009

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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 617, 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: Patricia Ladolcetta, Treasurer 1/26/06 954-457-1391
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Cayman Phone #