


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # N96000003633 1. Entity Name THE FUTURE FOUNDATION INC. |  |
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| Principal Place of Business 400 S FEDERAL HIGHWAY HALLANDALE BEACH, FL 33009 US | Mailing Address 400 S FEDERAL HIGHWAY HALLANDALE BEACH, FL 33009 US |
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01172008 No Chg-NP CR2E037 (4/06)

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|---|--------------------------------|
| 4. FEI Number 65-0684443 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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 reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

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

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD LADOLCETTA, PATRICIA 400 S. FEDERAL HWY HALLANDALE BEACH, FL 33009 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROSS, DOROTHY 400 S FEDERAL HWY HALLANDALE BEACH, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MUNDEN CORREA, REBECCA 400 SOUTH FEDERAL HIGHWAY HALLANDALE BEACH, FL 33009 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SCHILLER, FRANCINE 400 S FEDERAL HWY HALLANDALE BEACH, FL 33009 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD COOPER, JOY 400 SOUTH FEDERAL HIGHWAY HALLANDALE BEACH, FL 33009 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD JULIAN, WILLIAM 400 SOUTH FEDERAL HIGHWAY HALLANDALE BEACH, FL 33009 |

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01/23/08-80065-004 61.25

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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 M. Ladolcetta 1-18-08 954-457-1371

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #