


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000052831
 1. Entity Name
 SOLUTIONS FOR YOUR FUTURE, INC.



Principal Place of Business 3015 EXCHANGE COURT SUITE B WEST PALM BEACH, FL 33409-4048	Mailing Address 3015 EXCHANGE COURT SUITE B WEST PALM BEACH, FL 33409-4048
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DO NOT WRITE IN THIS SPACE



03102005 No Chg-P CR2E034 (10/03)

4. FEI Number 14-1861379	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
 KARMELIN, ALLEN M
 3015 EXCHANGE COURT
 SUITE B
 WEST PALM BEACH, FL 33409-4048

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	100000262080 03/14/05-88837-015 158.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KARMELIN, ALLEN M 14223 BLACKBERRY DR. WEST PALM BEACH, FL 334148239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KARMELIN, MIRA J 14223 BLACKBERRY DR. WEST PALM BEACH, FL 334148239
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Allen M. Karmelin Date: 3/11/05 Daytime Phone #: (561) 683-8126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR