


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000046994
 1. Entity Name
SFT COMMUNICATIONS CORPORATION



Principal Place of Business Mailing Address
9111 SW 53 PL **9111 SW 53 PL**
SUITE A **SUITE A**
GAINESVILLE, FL 32608 US **GAINESVILLE, FL 32608 US**

DO NOT WRITE IN THIS SPACE



01042006 No Chg-P CRZE034 (11/05)

4. Fed Number Applied For
59-3254971 Not Applicable

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

6. Name and Address of Current Registered Agent
FARIELLO, VERA
9111 SW 53 PLACE
SUITE A
GAINESVILLE, FL 32608

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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 withdrawing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------|
| TITLE | D |
| NAME | FARIELLO, VERA |
| STREET ADDRESS | 9111 SW 53 PLACE, SUITE A |
| CITY-ST-ZIP | GAINESVILLE, FL 32608 |
| TITLE | D |
| NAME | FARIELLO, SAL |
| STREET ADDRESS | 9111 SW 53 PLACE, SUITE A |
| CITY-ST-ZIP | GAINESVILLE, FL 32608 |
| TITLE | |
| NAME | |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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 03/06/06-20093-015 150.00

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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 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: *Vera Fariello* 1-27-06 (352) 384-3267
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #