

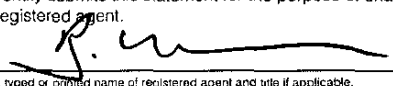
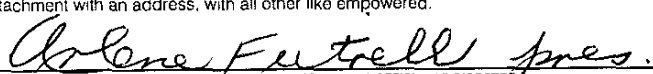


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 294722 1. Entity Name FUTRELL CO.						FILED 06 APR 21 AM 11:22 	
Principal Place of Business 8203 SW 124TH STREET MIAMI, FL 33156		Mailing Address 8203 SW 124TH STREET MIAMI, FL 33156					
2. Principal Place of Business 12929 SW 64 CT		3. Mailing Address SAME					
Suite, Apt. #, etc. A		Suite, Apt. #, etc.					
City & State Miami FL		City & State					
Zip 33156		Country USA		4. FEI Number 59-1103568		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 GILSON, GLEN W. B. MACKAY BROWN 0701 SW 120TH STREET MIAMI, FL 33156				7. Name and Address of New Registered Agent Name B. Mackay Brown Street Address (P.O. Box Number is Not Acceptable) 7450 SW 131 ST City Miami State FL Zip Code 33156			
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 4/3/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 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 <input type="checkbox"/> Delete FUTRELL, ARLENE 8203 SW 124TH STREET 12929 SW 64 CT MIAMI, FL 33156		TITLE NAME STREET ADDRESS CITY-ST-ZIP		Address change only <input type="checkbox"/> Change <input type="checkbox"/> Addition 12929 SW 64 CT Miami FL 33156	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		SD <input type="checkbox"/> Delete VON ZIMMERMAN, DONALD J. 8203 SW 124TH STREET 12929 SW 64 CT MIAMI, FL 33156		TITLE NAME STREET ADDRESS CITY-ST-ZIP		SAME	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		200073988762 05/04/06--01019--030 **\$61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		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 4/3/06		Daytime Phone # 305-665-0010	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>		<small>Daytime Phone #</small>	