

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90041 013 \*\*\*150.00

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01212005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # 853089</b>					
1. Entity Name NTFC CAPITAL CORPORATION					
Principal Place of Business 10 RIVERVIEW DRIVE DANBURY, CT 06810 US			Mailing Address 10 RIVERVIEW DRIVE DANBURY, CT 06810 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 62-1105522				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			7. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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. (NOTE: Registered Agent signature required when reinstating.)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENSON, DANIEL S		NAME		
STREET ADDRESS	10 RIVERVIEW DRIVE		STREET ADDRESS		
CITY-ST-ZIP	DANBURY, CT 06810		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHEN, HACALA		NAME	HACALA, STEPHEN	
STREET ADDRESS	10 RIVERVIEW DRIVE		STREET ADDRESS	10 RIVERVIEW DRIVE	
CITY-ST-ZIP	DANBURY, CT 06810		CITY-ST-ZIP	DANBURY, CT 06810	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEMPINSKI, GARY		NAME		
STREET ADDRESS	10 RIVERVIEW DRIVE		STREET ADDRESS		
CITY-ST-ZIP	DANBURY, CT 06810		CITY-ST-ZIP		
TITLE	VPS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CISTULLI, JOSEPH		NAME		
STREET ADDRESS	10 RIVERVIEW DRIVE		STREET ADDRESS		
CITY-ST-ZIP	DANBURY, CT 06810		CITY-ST-ZIP		
TITLE	VPT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHESHWARY, SAMEER		NAME		
STREET ADDRESS	10 RIVERVIEW DRIVE		STREET ADDRESS		
CITY-ST-ZIP	DANBURY, CT 06810		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FONG, IVAN		NAME		
STREET ADDRESS	10 RIVERVIEW DR.		STREET ADDRESS		
CITY-ST-ZIP	DANBURY, CT 06810		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____		Joseph Cistulli 1/25/05		203-749-6020	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	