## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F01000003896

Title:

Name:

Address:

City-St-Zip:

FILED Jan 16, 2007 Secretary of State

Entity Nar	ne: F-T-BIN <sup>-</sup>	FERNATIONAL CORP.					
Current Principal Place of Business:				New Principal Place of Business:			
	WAY - SUITE K, NY 100041			26 BROADWAY - SUITE 1615 NEW YORK, NY 100041896			
Current Mailing Address:				New Mailing Address:			
26 BROADWAY - SUITE 900 NEW YORK, NY 100041896				26 BROADWAY - SUITE 1615 NEW YORK, NY 100041896			
FEI Number:	13-2788450	FEI Number Applied For ( )	FEI Number Not	Applicable ( )	Certificate of Status Des	sired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
	TH DADELAN	SERVICES, INC. D BLVD., SUITE 508					
The above in the State		submits this statement for the p	ourpose of chang	ing its registered	d office or registered age	nt, or both,	
SIGNATUR	RE:						
	Electror	nic Signature of Registered Age	ent	Date			
Election Can	npaign Financin	g Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	P ( BUTLER, THOM 26 BROADWA' NEW YORK, N	7 - SUITE 900	Title: Name: Address City-St-J		(X) Change ( ) Addition IOMAS VAY - SUITE 1615 , NY 100041896		
Title: Name: Address: City-St-Zip:	V VERZONI, REN 26 BROADWA' NEW YORK, N	7 - SUITE 900	Title: Name: Address City-St- <i>i</i>		(X) Change ( ) Addition ENATO VAY - SUITE 1615 , NY 100041896		
Title: Name: Address: City-St-Zip:	PISANO, MARI 26 BROADWA	7 - SUITE 900	Title: Name: Address		(X) Change ( ) Addition RRIA VAY - SUITE 1615 NY 100041896		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MARIA PISANO S 01/16/2007

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C/O TRANSPART SRL, CORSO SEMPIONE 75

BRANDONE, FERNANDA T

MILAN, ITALY 20145,

() Change () Addition