2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# L92441

WATSON, GAYLE,

10230 SW CR 769

ARCADIA, FL 34266

Name:

Address:

City-St-Zip:

FILED Sep 18, 2008 Secretary of State

Entity Nan	ne: FUTUR	ISTIC CONSTRUCTION, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
110 W. OA ARCADIA,		US		23 WEST N ARCADIA,	1AGNOLIA STI FL 34266 L	REET JS	
Current Mailing Address:				New Mailing Address:			
110 W. OAK ST ARCADIA, FL 34266 US				23 WEST MAGNOLIA STREET ARCADIA, FL 34266 US			
FEI Number:	65-0210504	FEI Number Applied For()	FEI Num	ber Not Appli	cable ()	Certificate of	Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
PAUL, TIM 10230 SW ARCADIA,	CR 769	US					
The above in the State		y submits this statement for the	purpose of	changing it	s registered of	fice or regist	ered agent, or both,
SIGNATUR	RE:						
	Electro	onic Signature of Registered A	gent			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD (PAUL, TIMOT 10230 SW CI ARCADIA, FL	R 769		Title: Name: Address: City-St-Zip:	() (Change ()Ad	dition
Title: Name: Address: City-St-Zip:	VD (WATSON, JC 10230 SW CI ARCADIA, FL	R 769		Title: Name: Address: City-St-Zip:	VD (X) PAUL, AVA A, 10230 SW CR 7 ARCADIA, FL 34		ldition
Title: Name: Address: City-St-Zip:	SD (PAUL AVA A, 10230 SW CI ARCADIA, FL			Title: Name: Address: City-St-Zip:	()(Change () Ad	dition
Title:	TD (() Delete		Title:	TD (X)	Change () Ad	ldition

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

PAUL AVA A

10230 SW CR 769

ARCADIA, FL 34266

SIGNATURE: AVA A PAUL VD 09/18/2008