2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2006
Secretary of State

DOCUMENT# N01000001239

Entity Name: BRIGHT FUTURES INTERNATIONAL, INC.

Current Principal Place of Business:

757 LIGHTHOUSE DR.
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

309 LAKE AVENUE
LAKE WORTH, FL 33460

New Mailing Address:

FEI Number: 65-1088412 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIS, KEITH W ESQ
309 LAKE AVE.
LAKE WORTH, FL 33460 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	C	( ) Delete
Name:	DAVIS, KEITH W	
Address:	905 EVERGREEN DRIVE	
City-St-Zip:	NORTH PALM BEACH, FL 33408	
Title:	VC	( ) Delete
Name:	FERRIS, MICHAEL	
Address:	11402 DOLPHIN LANE	
City-St-Zip:	NORTH PALM BEACH, FL 33408	
Title:	S	( ) Delete
Name:	HAIRE, MICHELE	
Address:	5315 RIDAN WAY	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	
Title:	T	( ) Delete
Name:	HACKETT, JAMES	
Address:	517 CYPRESS COURT	
City-St-Zip:	TEQUESTA, FL 33469	
Title:	D	( ) Delete
Name:	DIXON, THOMAS	
Address:	116 EAST RIVERSIDE DRIVE	
City-St-Zip:	JUPITER, FL 33469	
Title:	D	(X) Delete
Name:	HANE, BERNADINA	
Address:	15345 81ST TERRACE NORTH	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	ST	(X) Change ( ) Addition
Name:	HAIRE, MICHELE	
Address:	5315 RIDAN WAY	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	
Title:	D	(X) Change ( ) Addition
Name:	AVALLONE, ADRIENNE L	
Address:	850 BLUE RIDGE CIRCLE	
City-St-Zip:	WEST PALM BEACH, FL 33409	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH W. DAVIS, ESQ. C 01/18/2006

Electronic Signature of Signing Officer or Director — Date