


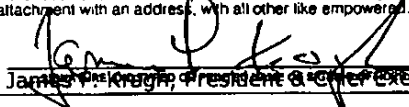
# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-30-2007 90457 040 \*\*\*\*61.25  
N02000002977

FILED

07 MAY -3 PM 4:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N02000002977</b>					
1. Entity Name <b>FUTURE HEALTH TRUST CORPORATION</b>					
Principal Place of Business <b>218 JACKSON ST MAITLAND, FL 32751</b>			Mailing Address <b>218 JACKSON ST MAITLAND, FL 32751</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>NOT APPLICABLE</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>KRAGH, JAMES F 218 JACKSON ST MAITLAND, FL 32751</b>			7. Name and Address of New Registered Agent		
			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>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAGH, JAMES F		NAME	SPITZ, SUE	
STREET ADDRESS	218 JACKSON ST		STREET ADDRESS	218 JACKSON ST.	
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYFIELD, J. ROBERT		NAME		
STREET ADDRESS	11393 WILLOW GARDENS DR		STREET ADDRESS		
CITY-ST-ZIP	WINDERMERE, FL 34788		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPITZ, SUE		NAME		
STREET ADDRESS	PO BOX 4772		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33677		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAVNDAL III, ERIC REV.		NAME		
STREET ADDRESS	1302 COUNTRY CLUB OAKS CIR		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32804		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 617, 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: 			April 25, 2007		
James F. Kragh, President & Chief Executive Officer			Date Daytime Phone #		