

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008957

FILED  
Mar 16, 2005  
Secretary of State

Entity Name: FUTURE MASTERS, INC.

**Current Principal Place of Business:**

1835 LAKE HILL CIRCLE  
ORLANDO, FL 32818

**New Principal Place of Business:**

**Current Mailing Address:**

1835 LAKE HILL CIRCLE  
ORLANDO, FL 32818

**New Mailing Address:**

FEI Number: 06-1664998

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FORD, FOREST L  
17458 SANDHILL ROAD  
WINTER GARDEN, FL 34787 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: PD ( ) Delete  
Name: PERREAULT, ALLEN  
Address: 1835 LAKE HILL CIRCLE  
City-St-Zip: ORLANDO, FL 32818

Title: VPD ( ) Delete  
Name: GALLIMORE, DAVID A  
Address: 10 SOUTH HIAWASSEE ROAD  
City-St-Zip: ORLANDO, FL 32835

Title: STD ( ) Delete  
Name: PERREAULT, KIM  
Address: 1835 LAKE HILL CIRCLE  
City-St-Zip: ORLANDO, FL 32818

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: GALLIMORE, DAVID A  
Address: 1835 LAKE HILL CIRCLE  
City-St-Zip: ORLANDO, FL 32818

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 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 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: ALLEN PERREAULT

PD

03/16/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date