2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: V

FILED Mar 16, 2005 08:00 AM DOCUMENT # P0000048254 **Secretary of State** 1. Entity Name TUFTS FAMILY CORP. Principal Place of Business Mailing Address 100 LINCOLN ROAD C/O DAVID TUFTS **SUITE 1448** 710 BROADWAY, 9TH FLOOR MIAMI BEACH, FL 33139 NEW YORK, NY 10003 US 02282005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For 58-2550898 Not Applicable A STATE OF THE PROPERTY OF THE \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MARCUS, SCOTT A DO NOT WRITE 300 BISCAYNE BLVD. WAY SUITE 111 IN THIS SPACE MIAMI, FL 33131 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PVST TITLE TUFT'S, DAVID A NAME STREET ADDRESS 100 LINCOLN RD., SUITE 1448 CITY-ST-ZIP MIAMI BEACH, FL 33139 _____U00000265148 ______03716705-80049-021_150.00 TUFTS, DAVID A NAME STREET ADDRESS 100 LINCOLN RD., SUITE 1448 CITY-ST-ZIP MIAMI BEACH, FL 33139 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS 12. I hereby certify that the information supplied with this filing does not qualify 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 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 poort as required by Chapter 607, 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.

ME OF SIGNING OFFICER OR DIRECTOR

Dale

Davime Phone #