


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000048254**

1. Entity Name  
**TUFTS FAMILY CORP.**



Principal Place of Business  
**100 LINCOLN ROAD  
 SUITE 144B  
 MIAMI BEACH, FL 33139**

Mailing Address  
**C/O DAVID TUFTS  
 710 BROADWAY, 9TH FLOOR  
 NEW YORK, NY 10003 US**

**DO NOT WRITE IN THIS SPACE**



03022008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**58-2550898**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MARCUS, SCOTT A  
 300 BISCAYNE BLVD. WAY  
 SUITE 111  
 MIAMI, FL 33131**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST TUFTS, DAVID A 100 LINCOLN RD., SUITE 144B MIAMI BEACH, FL 33139
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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 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.

SIGNATURE: DT [Signature] 3/8/06 212-667-4200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #