


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000001852 1. Entity Name TRUE FUTURE CORPORATION	
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Principal Place of Business 10770 NW 66 ST SUITE #503 MIAMI, FL 33178	Mailing Address 10770 NW 66 ST SUITE #503 MIAMI, FL 33178
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DO NOT WRITE IN THIS SPACE



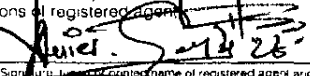
05102006 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0574641	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GONZALEZ, JAVIER 10770 NW 66 ST SUITE #503 MIAMI, FL 33178
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**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  DATE _____
Signature must be printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)


FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	VP BORRERO, JAVIER 10770 NW 66 ST SUITE #503 MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY ST ZIP	P GONZALEZ, JAVIER 10770 NW 66 ST SUITE #503 MIAMI, FL 33178
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05/20/06-80052-016 150.00

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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 life empowered.

SIGNATURE  DATE _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR