2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 31, 2005 08:00 AM **DOCUMENT # P03000008305 Secretary of State** 1. Entity Name FUTUREVEST FINANCIAL GROUP HOLDINGS INC. Mailing Address Principal Place of Business 1973 S.E. 15 COURT POMPANO BEACH FL 33062 US 7101 WEST MCNAB ROAD 202 FORT LAUDERDALE FL 33321 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State 4. FEI Number City & State 75-3096794 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HALL, BRIAN E 1973 S.E. 15 COURT Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL 33062 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 (NCTE Registered Agent signalura required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PD ыць ☐ Addition Delete TITLE NAME HALL, BRIAN NAME STREET ADDRESS STREET ADDRESS 1973 SE 15 COURT CITY-ST-ZIP POMPANO BEACH FL 33062 CHTY-ST-ZF Change Addition Delete HILE Un0000281629 NAME NAME 03/31/05-80010-020 150.00 STREEL ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHY-ST-7IP Change Addition ☐ Delete MILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST 7IP Change ☐ Addition Delete HILE 1011 NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-70 CITY-ST ZIP ☐ Addition Change Шь HILE Delete 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 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 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

FILED

Daytime Phone #