

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000059610

1. Entity Name
FUTRA SOLUTIONS, INC.



Principal Place of Business
3506 67TH STREET WEST
BRADENTON, FL 34209

Mailing Address
3506 67TH STREET WEST
BRADENTON, FL 34209

DO NOT WRITE IN THIS SPACE

**FILED
May 01, 2006 8:00 am
Secretary of State**

05-01-2006 90417 040 ***150.00



02252006 No Chg-P CR2E034 (11/05)

4. FEI Number 90-0102640	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FOIT, GARRY
3506 67TH STREET WEST
BRADENTON, FL 34209

**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

Signature, typed or printed name of registered agent and title if applicable.

(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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOIT, GARRY 3506 67TH STREET WEST BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-06 941-192-8430

Date

Daytime Phone #