

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT


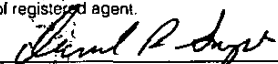

**FILED**  
**Jun 20, 2006 8:00 am**  
**Secretary of State**

06-20-2006 90011 031 \*\*\*150.00

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05242006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P04000047872</b>					
1. Entity Name FUTURE PLUS OF FLORIDA, INC.					
Principal Place of Business 1926 BRANDON BLVD BRANDON, FL 33511			Mailing Address 1200 GULF BLVD UNIT 903 CLEARWATER, FL 33767		
2. Principal Place of Business			3. Mailing Address 1926 Brandon Blvd.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State Brandon, FL		
Zip	Country	Zip	33511	Country	USA
4. FEI Number 65-1221902			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			7. Name and Address of New Registered Agent		
SNYDER, MARYLIN V 1200 GULF BLVD UNIT 903 CLEARWATER, FL 33767			Name Snyder, Daniel R. Street Address (Box Number is Not Acceptable) 1926 Brandon Blvd. City Brandon FL Zip Code 33511		
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 		DANIEL SNYDER, PRESIDENT		6-15-06	
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 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.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SNYDER, MARYLIN V		NAME		
STREET ADDRESS	1200 GULF BLVD UNIT 903		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33767		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SNYDER, DANIEL R		NAME		
STREET ADDRESS	1200 GULF BLVD UNIT 903		STREET ADDRESS	6510 Osprey Lake Circle	
CITY-ST-ZIP	CLEARWATER, FL 33767		CITY-ST-ZIP	Riverview, FL 33569	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: 		DANIEL SNYDER, PRESIDENT		6-15-06 612 240 7275	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	