


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90055 018 ***150.00

DOCUMENT # P04000162422	
1. Entity Name FUTURE MILLIONAIRES OF AMERICA, INC.	

Principal Place of Business 6710 W SUNRISE BLVD SUITE 110 PLANTATION, FL 33313	Mailing Address 6710 W SUNRISE BLVD SUITE 110 PLANTATION, FL 33313
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40061559



03202007 Chg-P CR2E034 (12/06)

4. FEI Number 20-2120513		Applied For
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	
KAHN, ROBERT M 8211 W BROWARD BLVD PENTHOUSE 4 PLANTATION, FL 33324		Name Kahn, Robert M. Esq.	
		Street Address (P.O. Box Number is Not Acceptable) Shooster Kahn & Kleinman	
		777 South State Road 7	
		City Margate	FL Zip Code 33068

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 *Robert M. Kahn* **Robert M. Kahn, Esq.**
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOSS, MICHAEL 6710 W SUNRISE BLVD SUITE 110 PLANTATION, FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Michael Loss* **MICHAEL LOSS/Director** Date 4/5/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #