

2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90036 022 \*\*\*158.75

<b>DOCUMENT # P05000088544</b> 1. Entity Name <b>FUTURE CORPORATION ENTERPRISES INCORPORATED</b>																											
Principal Place of Business <b>321 DANTE DR NOKOMIS, FL 34275</b>		Mailing Address <b>321 DANTE DR NOKOMIS, FL 34275</b>																									
2. Principal Place of Business - No P.O. Box # <del>_____</del>		3. Mailing Address <del>_____</del>																									
Suite, Apt. #, etc. <del>_____</del>		Suite, Apt. #, etc. <del>_____</del>																									
City & State <del>_____</del>		City & State <del>_____</del>																									
Zip <del>_____</del>		Zip <del>_____</del>																									
Country <del>_____</del>		Country <del>_____</del>																									
6. Name and Address of Current Registered Agent  <b>PATRICK COLON 321 DANTE DR NOKOMIS, FL 34275</b>		7. Name and Address of New Registered Agent Name <b>PATRICK, COLIN</b> Street Address (P.O. Box Number is Not Acceptable) <b>321 DANTE DR</b> City <b>NOKOMIS</b> <b>FL</b> Zip Code <b>34275</b>																									
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 <b>COLIN PATRICK</b> <b>03/30/2008</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">CEO</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PATRICK, COLIN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>321 DANTE DR</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>NOKOMIS, FL 34275</td> <td></td> </tr> </table>		TITLE	CEO	<input type="checkbox"/> Delete	NAME	PATRICK, COLIN		STREET ADDRESS	321 DANTE DR		CITY- ST- ZIP	NOKOMIS, FL 34275		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
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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 or other like empowered.																											
SIGNATURE:		Date <b>03-30-2008</b> Daytime Phone # <b>none</b>																									
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																											