

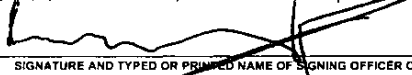


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 24, 2006 8:00 am
Secretary of State

05-24-2006 90009 012 ***150.00

DOCUMENT # P05000120619 1. Entity Name FUTURA GOODS, INC.					
Principal Place of Business 1925 NE 45TH ST, SUITE 227 FT. LAUDERDALE, FL 33308				Mailing Address 1925 NE 45TH ST, SUITE 227 FT. LAUDERDALE, FL 33308	
2. Principal Place of Business <i>1925 NE 45th St.</i> Suite, Apt. #, etc. <i>227</i> City & State <i>FT. Lauderdale, FL.</i> Zip <i>33308</i>		3. Mailing Address <i>1925 NE 45th St.</i> Suite, Apt. #, etc. <i>227</i> City & State <i>FT. Lauderdale, FL.</i> Zip <i>33308</i>			
4062006 Chg-P CR2E034 (11/05)				4. FEI Number <i>32-0161367</i>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BROWN, KEITH 1925 NE 45TH ST, SUITE 227 FT. LAUDERDALE, FL 33308			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCFO CHRISTOPHER, FLORENCE D 6061 NW 201ST. LN. HIALEAH, FL 33015		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BROWN, KEITH 1925 NE 45TH ST, SUITE 227 FT. LAUDERDALE, FL 33308		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 empowerments.					
SIGNATURE: 			04/07/06 954 489 9660		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		