

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

07-19-2007 90024 009 \*\*\*150.00

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

|  |  |   |  |
|--|--|---|--|
| DOCUMENT # P06000081009  |  |    |  |
| 1. Entity Name<br>FTCP, INC.   |  |   |  |
| Principal Place of Business<br>221 SW 8TH AVE<br>BOYNTON BEACH, FL 33435   |  | Mailing Address<br>221 SW 8TH AVE<br>BOYNTON BEACH, FL 33435  |  |
| 2. Principal Place of Business (No P.O. Box)<br>29570 W. Cahill Ct.<br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br>8581 W. McNab Rd.<br>Suite, Apt. #, etc.  |  |
| City & State<br>Big Pine Key, FL   |  | City & State<br>Tamarac   |  |
| Zip<br>33043   |  | Zip<br>33321  |  |
| Country  |  | Country   |  |
|  |  | 4. FEI Number<br>20-5044298   |  |
|  |  | Applied For<br>Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | \$8.75 Additional Fee Required  |  |
| 8. Name and Address of Current Registered Agent<br>KYLE, HARRIET L<br>221 SW 8TH AVE<br>BOYNTON BEACH, FL 33435  |  | 7. Name and Address of New Registered Agent<br>Name: Same<br>Street Address (P.O. Box Number is not acceptable)<br>29570 W. Cahill Ct.<br>City & State<br>Big Pine Key, FL<br>Zip Code<br>33043 |  |
| 9. 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 _____ (NOTE: Registered Agent signature required when reappointing)  |  |   |  |
| FILE NOW!!! FEE IS \$150.00<br>Due by September 14, 2007   |  | 9. Election Campaign Financing<br>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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br>KYLE, HARRIET<br>221 SW 8TH AVE<br>BOYNTON BEACH, FL 33435   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br>Same<br>29570 W. Cahill Court<br>Big Pine Key, FL 33043   |  |
| <input type="checkbox"/> Delete  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  |
| <input type="checkbox"/> Delete  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  |
| <input type="checkbox"/> Delete  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  |
| <input type="checkbox"/> Delete  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  |
| <input type="checkbox"/> Delete  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  |
| <input type="checkbox"/> Delete  |  | <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 empowered. |  |   |  |
| SIGNATURE:    |  | 7-16-07 561-702-1742  |  |
| HARRIET L. KYLE  |  |   |  |