FILED 2008 FOR PROFIT CORPORATION Apr 11, 2008 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # P30146 1. Entity Name FUTURECOM, INC. Principal Place of Business Mailing Address 1941 W S.R. 426 1941 W S.R. 426 OVIEDO, FL 32765 US OVIEDO, FL 32765 US 03042008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 13-3029831 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HERBIN, STANLEY B DO NOT WRITE 1941 W S.R. 426 **OVIEDO, FL 32765** IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TSD TITLE HERBIN, STANLEY B NAME

1941 W S.R. 426

OVIEDO, FL 32765

HERBIN, MARYANN 1941 W S.R. 426

OVIEDO, FL 32765

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP TITLE NAME

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

12. I have by 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	e receiver or trustee empower	ed to execute this report as required t	by Chapter 607, Florida Statuti	es: and that my nam	e appears in Block 10 or Block 11 i
changed, or on an attac	chment with an address, with	all other like empowered	•	· · · · · · · · · · · · · · · · · · ·	
SIGNATURE:	B-Herbin	S. B. HERBIN,	SECY/TREAS		407 359 - 9295
,	SIGNATURE AND TYPED OR PRINT	ED NAME OF BIGNING OFFICER OR DIRECTOR	,	Date	Daytime Phone #