## 2005 FOR PROFIT CORPORATION \_\_ANNUAL REPORT

## FILED Feb 24, 2005 08:00 AM Secretary of State

| Entity Name TFTR, IN  Principal Place                                       | C.  The of Business Ma   | Silling Address 66100 GLADES RD.  |  |  | Sec<br>   | retary of Sta   |
|---|--|---|--|--|---|---|
| %6100 GLADES RD. SUITE 211 BOCA RATON, FL 33434  DO NOT WRITE IN THIS SPACE |  |   |  | 02182005 No Chg-P CR2E034 (10/03)                              |   |   |
|   |  |   | 4. FEI Numbe 65-0526 5. Certificate 6                            | 6638   | Applied For Not Applicate  \$8.75 Additional Fee Required                       |   |
| ROSS, HA<br>6100 GLA<br>BOCA RA   | 6. Name <u>and Address of Current Regist</u> ARRY J DES ROAD, SUITE 211 TON, FL 33434  | DO NOT WRITE<br>IN THIS SPACE   |  |  |   |   |
|   | named entity submits this statement for the plicons of registered agent.   | <u> </u>  | <u>+,</u>  |  | · _ · · · <del>- · · - · · · · · · · · · · · · </del>                           |   |
| FIL<br>After M  | Signeture, yield or printed name of registered agent and title in ENOWI!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00  | P. Election Campaign Finar     Trust Fund Contribution.   |  | .00 May Be ed to Fees  | <u> </u>  | DATE ,,   |
| 10.   | OFFICERS AND DIREC   | TORS  |  |  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | PSTD<br>ROSS, HARRY<br>%6100 GLADES RD., SUITE 211<br>BOCA RATON, FL. 33434  | No. 1 of Contraction on the   |  |  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              |  | <u> </u>  |  |  | 25-40-401<br>3-40-405-20  | 977711<br>9083-398 1 <b>5</b> 0 00  |
| TITLE<br>NAME   |  |   | 1  |  |   |   |
| STREET ADDRESS<br>CITY-ST-ZIP   |  |   |  | DO   | NOT WA  | UTE   |
| TITLE NAME STREET ADDRESS GITY-ST-ZIP                                       |  |   |  | IN 7   | THIS SPA  | ACE   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              |  |   |  | <del></del> -  |   |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                       |  |   |  |  |   |   |
| 12. I hereby indicated of the co-   | certify that the information supplied with this fill on this report or supplemental report is true a reporation or the receiver of trustee lampowered, or on an attachment with an address, with all | ing does not qualify for the exe<br>and accurate and that my signal<br>to execute this report as requi<br>other like empowered. | mption stated in Se<br>ture shall have the<br>red by Chapter 607 | ection 119.07(3)(i<br>same legal effect<br>7. Florida Statutes | ), Florida Statutes. I fur<br>t as if made under oath<br>s; and that my name ap | ther certify that the information<br>; that I am an officer or directo<br>pears in Block 10 or Block 11 |