



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90042 037 ***150.00

DOCUMENT # P95000008805 1. Entity Name FUTURE FIRST FINANCIAL GROUP, INC.					
Principal Place of Business 215 SOUTH MONROE ST SUITE 702 TALLAHASSEE, FL 32301 US			Mailing Address 215 SOUTH MONROE ST SUITE 702 TALLAHASSEE, FL 32301 US		
2. Principal Place of Business - No P.O. Box # 240 EAST 5TH AVENUE Suite, Apt. #, etc.		3. Mailing Address 240 EAST 5TH AVENUE Suite, Apt. #, etc.			
City & State TALLAHASSEE, FL Zip 32303		City & State TALLAHASSEE, FL Zip 32303		4. FEI Number 59-3296961	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEVINE, DAVID M ESQ. FOUR SEASONS TOWER 15TH FLOOR 1441 BRICKELL AVENUE MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	C LEVINE, DAVID M ESQ. FOUR SEASON TWR, 1441 BRICKELL AVE MIAMI, FL 33131 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 all other like empowered.					
SIGNATURE: _____ 1/31/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					