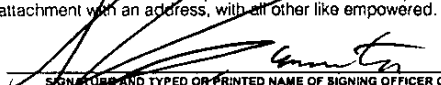


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90027 018 \*\*\*150.00

<b>DOCUMENT # P95000008805</b> 1. Entity Name <b>FUTURE FIRST FINANCIAL GROUP, INC.</b>			
Principal Place of Business <b>240 EAST 5TH AVENUE</b> <b>TALLAHASSEE, FL 32303 US</b>		Mailing Address <b>240 EAST 5TH AVENUE</b> <b>SUITE 702</b> <b>TALLAHASSEE, FL 32303 US</b>	
2. Principal Place of Business - No P.O. Box # <b>1441 BRICKELL AVE.</b>		3. Mailing Address <b>1441 BRICKELL AVE.</b>	
Suite, Apt. #, etc. <b>15TH FLOOR</b>		Suite, Apt. #, etc. <b>15TH FLOOR</b>	
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>	
Zip <b>33131</b>		Zip <b>33131</b>	
Country <b>MIAMI-DADE</b>		Country <b>MIAMI-DADE</b>	
4. FEI Number <b>59-3296961</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LEVINE, DAVID M ESQ.</b> <b>FOUR SEASONS TOWER 15TH FLOOR</b> <b>1441 BRICKELL AVENUE</b> <b>MIAMI, FL 33131</b>		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;"> <span><b>FL</b></span> <span>Zip Code</span> </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>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>C</b>	NAME <b>LEVINE, DAVID M ESQ.</b>	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
STREET ADDRESS <b>FOUR SEASON TWR, 1441 BRICKELL AVE</b>	CITY-ST-ZIP <b>MIAMI, FL 33131</b>	STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP
CITY-ST-ZIP <b>MIAMI, FL 33131</b>	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
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: 		Date: <b>4/3/08</b> (305) 536-1112	
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>DAVID M. LEVINE, CONSERVATOR</b>		Daytime Phone #	