
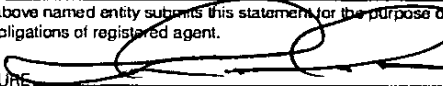
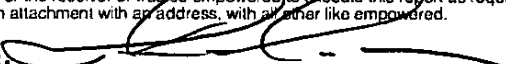


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90029 039 ***150.00

DOCUMENT # P95000009488 1. Entity Name FUTUREVEST, INC.			
Principal Place of Business 5050 9TH STREET NORTH STE B NAPLES, FL 34103 US		Mailing Address 5050 9TH STREET NORTH STE B NAPLES, FL 34103 US	
2. Principal Place of Business 1951 J+C Blvd		3. Mailing Address 1951 J+C Blvd.	
Suite, Apt. #, etc. NAPLES FL		Suite, Apt. #, etc. NAPLES, FL	
City & State 34109		City & State 34109	
Zip USA		Zip USA	
4. FEI Number 65-0566116		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 CAVASEIO, MICHAEL 5050 9TH STREET NORTH #B NAPLES, FL 34103		7. Name and Address of New Registered Agent Name Michael Cavaseno Street Address (P.O. Box Number is Not Acceptable) 1951 J+C Blvd. Naples 34109 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  <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)</small>		DATE 2-15-06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	D CAVASENO, MICHAEL 5050 9TH STREET N STE B NAPLES, FL	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1951 J+C Blvd. NAPLES, FL 34109	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 2-15-06 <small>Date Daytime Phone #</small>	