


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000105243 1. Entity Name FUTURE OF WRESTLING, INC.	
---	---

Principal Place of Business 1201 SW 75TH AVE PLANTATION, FL 33317	Mailing Address 1201 SW 75TH AVE PLANTATION, FL 33317
---	---



04072006 No Chg P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0972574	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	-----------------------------------

6. Name and Address of Current Registered Agent DELLAVENTURA, JODI 1201 SW 75TH AVE PLANTATION, FL 33317

**DO NOT WRITE
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 <u>Jodi Dellaventura</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE <u>4-7-06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>
---	---

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD DELLAVENTURA, JODI 1201 SW 75TH AVE PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000498868
04/24/06-60007-002 150.00

**DO NOT WRITE
IN THIS SPACE**

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: <u>Jodi Dellaventura</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>JODI DELLAVENTURA</u>	<u>4-7-06</u> <small>Date</small>	<small>Daytime Phone #</small>
--	--------------------------	--------------------------------------	--------------------------------