

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90186 044 \*\*\*150.00

<b>DOCUMENT # P99000105243</b> 1. Entity Name <b>FUTURE OF WRESTLING, INC.</b>					
Principal Place of Business <b>1201 SW 75TH AVE PLANTATION, FL 33317</b>			Mailing Address <b>1201 SW 75TH AVE PLANTATION, FL 33317</b>		
2. Principal Place of Business - No P.O. Box # <b>6025 SW 58 Ct.</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 17476</b> Suite, Apt. #, etc.			
City & State <b>DAVIE, FL</b> Zip <b>33314</b>		City & State <b>PLANTATION, FL</b> Zip <b>33318</b>		4. FEI Number <b>65-0972574</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DELLAVENTURA, JODI 1201 SW 75TH AVE PLANTATION, FL 33317</b>			7. Name and Address of New Registered Agent Name <b>JODI DELLAVENTURA</b> Street Address (P.O. Box Number is Not Acceptable) <b>6025 SW 58 Ct.</b> City <b>DAVIE</b> <b>FL</b> Zip Code <b>33314</b>		
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 reissuing) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTSD DELLAVENTURA, JODI 1201 SW 75TH AVE PLANTATION, FL 33317</b> <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: <u>Jodi Della Ventura</u> <b>JODI DELLAVENTURA</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-14-07 <small>Date Daytime Phone #</small>		