


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 15, 2006 8:00 am**  
**Secretary of State**

08-15-2006 90005 005 \*\*\*150.00

**DOCUMENT # P93000029884**

1. Entity Name  
**G.F.T., INC.**



Principal Place of Business  
**26631 SE 15TH ST  
 SAMMAMISH, WA 98075 US**

Mailing Address  
**201 N. FEDERAL HWY  
 SUITE 114  
 DEERFIELD BCH, FL 33441 US**

**50025296**



2. Principal Place of Business  
**133 Casterbridge Ct**

3. Mailing Address

Suite, Apt. #, etc.

08012006 Chg-P CR2E034 (11/05)

City & State  
**Roseville CA**

City & State

4. FEI Number  
**65-0405668**

Applied For  
 Not Applicable

Zip  
**95747**

Country  
**Placer**

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**TAVERRITE, GARY  
 201 N. FERDEAL HWY  
 SUITE 114  
 DEERFIELD BEACH, FL 33441**

**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 *[Signature]* DATE **8/9/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P TAVERRITE, GARY 26631 SE 15TH ST SAMMAMISH, WA 98075</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 another like empowered.

SIGNATURE: *[Signature]* DATE **8/9/06** DAYTIME PHONE # **425-894-4521**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR