

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000145407

FILED
Apr 21, 2008
Secretary of State

Entity Name: FIREFLY NETWORK SOLUTIONS INCORPORATED

Current Principal Place of Business:

2217 PERRY AVE
SPRING HILL, FL 34609

New Principal Place of Business:

Current Mailing Address:

2217 PERRY AVE
SPRING HILL, FL 34609

New Mailing Address:

FEI Number: 20-3697167 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TAX SAVERS
17179 BONNIE AVE
PORT CHARLOTTE, FL 33954 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TREA () Delete
Name: CLINE, AARON
Address: 2217 PERRY AVE
City-St-Zip: SPRING HILL, FL 34609 US

Title: VP () Delete
Name: HARTMANN, JUSTIN
Address: 4255 W. HUMPHREY ST #813
City-St-Zip: TAMPA, FL 33614

Title: PRES () Delete
Name: NUNEZ, GERALDO
Address: 8703 MCADAM PL
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: CLINE, AARON
Address: 2217 PERRY AVE
City-St-Zip: SPRING HILL, FL 34609 US

Title: TREA (X) Change () Addition
Name: HARTMANN, JUSTIN
Address: 4255 W. HUMPHREY ST #813
City-St-Zip: TAMPA, FL 33614

Title: VP (X) Change () Addition
Name: NUNEZ, GERALDO
Address: 11516 HAMMOCKS GLADE DR
City-St-Zip: TAMPA, FL 33569

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AARON CLINE

_____ Electronic Signature of Signing Officer or Director

PRES

04/21/2008

_____ Date