## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F94141

Entity Name: SLUG-A-BUG, INC.

FILED Feb 23, 2007 Secretary of State

•		,			
Current Principal Place of Business:			New Princ	New Principal Place of Business:	
	RBOR CITY BL NE, FL 32935	VD			
Current Mailing Address:			New Mailii	New Mailing Address:	
2091 N HARBOR CITY BLVD MELBOURNE, FL 32935 US					
FEI Number: 59-2265727 FEI Number Applied For ( )			FEI Number Not Appli	icable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
	CHAEL S RBOR CITY BL NE, FL 32935	LVD US			
The above in the State		ubmits this statement for the pu	rpose of changing it	ts registered office or registered agent, or both,	
SIGNATUR	RE:				
	Electroni	c Signature of Registered Agen	t	Date	
Election Carr	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip:	P () LUM, STEVEN T 2091 N HARBOR MELBOURNE, F	R CITY BLVD	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	S () VANDER POEST 2344 HAMLET D MELBOURNE, F	R	Title: Name: Address: City-St-Zip:	VT (X) Change ( ) Addition SCOTT, MICHAEL S 2091 N HARBOR CITY BLVD MELBOURNE, FL 32935	
Title: Name: Address: City-St-Zip:	VT () SCOTT, MICHAE 2091 N HARBOF MELBOURNE, F	R CITY BLVD	Title: Name: Address: City-St-Zip:	VS (X) Change ( ) Addition VELIE, DALE W 2091 N HARBOR CITY BLVD MELBOURNE, FL 32935 US	
Title: Name: Address: City-St-Zip:	V () VELIE, DALE W 2091 N HARBOF MELBOURNE, F		Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition STIVERS, JIMMY 9150 S TROPICAL TRL MERRITT ISLAND, FL 32952 US	
Title: Name: Address: City-St-Zip:	D () STIVERS, JIMM' 9150 S TROPIC MERRITT ISLAN	AL TRL	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition GOLDGLANTZ, HARVEY 632 CHELTON HILLS DR ELKINS PARK, PA 19025	
Title: Name: Address: City-St-Zip:	D () FISHER, BRIAN 2401 W EAU GA MELBOURNE, F		Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL S SCOTT VT 02/23/2007