2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007
Secretary of State

DOCUMENT# N01000005247

Entity Name: FLORIDA MACINTOSH USERS GROUP, INC.

Current Principal Place of Business:

PO BOX 536296
ORLANDO, FL 328536296

New Principal Place of Business:

3809 GREYSTONE LEGEND PLACE
OVIEDO, FL 32765

Current Mailing Address:

PO BOX 536296
ORLANDO, FL 328536296

New Mailing Address:

FEI Number: 59-3750813 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SELLERS, WALTER
3809 GREYSTONE LEGEND PLACE
OVIEDO, FL 32765 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

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: SELLERS, WALT
Address: 3809 GREYSTONE LEGEND PLACE
City-St-Zip: OVIEDO, FL 32765

Title: VP ( ) Delete
Name: MARK, SPAIN
Address: 3361 CALCUTTA AVE
City-St-Zip: ORLANDO, FL 328172316

Title: TRES ( ) Delete
Name: KORTZ, BOB
Address: 7404 WALNUT AVE.
City-St-Zip: WINTER PARK, FL 32792

Title: SECT ( ) Delete
Name: SHEA, KATHY
Address: 6400 TIMES SQUARE B-278
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: RABAC, RYAN
Address: 10555 SATINWOOD CIRCLE
City-St-Zip: ORLANDO, FL 32825

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SECT (X) Change ( ) Addition
Name: THOMPSON, JAMES
Address: 971 NORTH ORANGE AVE.
City-St-Zip: MAITLAND, FL 32751

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOB KORTZ TREA 03/28/2007

Electronic Signature of Signing Officer or Director Date