

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000681

FILED
Jun 14, 2006
Secretary of State

Entity Name: FLHUG, INC.

Current Principal Place of Business:

SHANNON H BUDD
3600 W SOVERENG PATH
LECANTO, FL 34461

Current Mailing Address:

SHANNON H BUDD
3600 W SOVERENG PATH
LECANTO, FL 34461

New Principal Place of Business:

SHANNON R BUDD
3600 W SOVEREIGN PATH, SUITE 250
LECANTO, FL 34461

New Mailing Address:

SHANNON R BUDD
3600 W SOVEREIGN PATH, SUITE 250
LECANTO, FL 34461

FEI Number: 04-3601190 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BUDD, SHANNON R
3600 W SOVEREIGN PATH
STE 250
LECANTO, FL 34461 US

Name and Address of New Registered Agent:

BUDD, SHANNON R
3600 W SOVEREIGN PATH
SUITE 250
LECANTO, FL 34461 US

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: _____

06/14/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CHIONG, MELISSA
Address: 200 W TYLER ST
City-St-Zip: TAMPA, FL 33602

Title: VD () Delete
Name: RODEN, KIMBERLY M
Address: 2401 SE MONTEREY RD
City-St-Zip: STUART, FL 34996

Title: STD () Delete
Name: BUDD, SHANNON R
Address: 3600 W SOVEREIGN PATH STE 250
City-St-Zip: LECANTO, FL 34461

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: SHANNON R BUDD

STD

06/14/2006

Electronic Signature of Signing Officer or Director

Date