2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# N02000000681

Entity Name: FLHUG, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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
SUITE 250
LECANTO, FL 34461 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: PD ( ) Delete
Name: CHIONG, MELISSA
Address: 200 W TYLER ST
City-St-Zip: TAMPA, FL 33602

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

Title: STD (X) 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: PD (X) Change ( ) Addition
Name: BUDD, SHANNON R
Address: 3600 W SOVEREIGN PATH
City-St-Zip: LECANTO, FL 34461

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 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 PD 05/01/2007

Electronic Signature of Signing Officer or Director — Date