2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000720

Entity Name: FLORIDA FURY, CORP.

City-St-Zip: APOPKA, FL 32712

FILED Apr 30, 2007 Secretary of State

Littly Na	IIIe. FLORIDA	RTORT, CORF.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
2901 W. STATE ROAD 434 SUITE 101 LONGWOOD, FL 32779			153 E. LAKE BRANTLEY DRIVE LONGWOOD, FL 32779		
Current Mailing Address:			New Mailing Address:		
2901 W. STATE ROAD 434 SUITE 101 LONGWOOD, FL 32779			153 E. LAKE BRANTLEY DRIVE LONGWOOD, FL 32779		
FEI Number	: 61-1482330	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
COLLIER, 1746 MAJI APOPKA,	ESTIC OAK DI	RIVE JS			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATUI	RE:				
	Electron	nic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	C (COLLIER, BLA 1746 MAJESTI APOPKA, FL 3	C OAK DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P (GRABSKY, ALI 3400 ROSE M/ OVIEDO, FL 3	ALLOW LOOP	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S (X MCCRAY, DIAN 3554 ROLLING APOPKA, FL 3	HILLS LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	T (COLLIER, JUL 1746 MAJESTI		Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: JULIE COLLIER T 04/30/2007