

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28694

FILED
Mar 15, 2007
Secretary of State

Entity Name: FIREWORKS TRUST FUND, INC.

Current Principal Place of Business:

C/O C. JEFFREY MCINNIS
909 MAR WALT DR., SUITE 1014
FT. WALTON BEACH, FL 325476711

New Principal Place of Business:

Current Mailing Address:

C/O C. JEFFREY MCINNIS
909 MAR WALT DR., SUITE 1014
FT. WALTON BEACH, FL 325476711

New Mailing Address:

FEI Number: 59-2924104

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCINNIS, C. JEFFREY
909 MAR WALT DR.
SUITE 1014
FT. WALTON BEACH, FL 32548 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: HEMBY, PATRICIA S
Address: 1821 JOHN SIMS PKWY
City-St-Zip: NICEVILLE, FL 32578 US

Title: STD () Delete
Name: MCINNIS, C. JEFFREY
Address: 909 MAR WALT DR.#1014
City-St-Zip: FT. WALTON BEACH, FL 32548 US

Title: VD (X) Delete
Name: HEMBY, WILLIAM R
Address: 1687 VINE AVE.
City-St-Zip: NICEVILLE, FL 32578 US

Title: VD () Delete
Name: STEWART, BECKY M
Address: 2016 LYONS RIDGE RD
City-St-Zip: KNOXVILLE, TN 37919 US

Title: VD () Delete
Name: DRAKE, COZETTE R
Address: 1595 RUCKEL DR.
City-St-Zip: NICEVILLE, FL 32578 US

Title: VD () Delete
Name: MILLER, SANDRA B
Address: 8 BLUEWATER PT. RD
City-St-Zip: NICEVILLE, FL 32578 US

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:

Title: () Change () Addition
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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: PATRICIA S. HEMBY

PD

03/15/2007

Electronic Signature of Signing Officer or Director

Date