

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002653

FILED
Apr 25, 2006
Secretary of State

Entity Name: FUGARWEE INDIANS, INC.

Current Principal Place of Business:

17133 GOLF VISTA CT.
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

17133 GOLF VISTA CT.
ODESSA, FL 33556

New Mailing Address:

FEI Number: 59-3514081

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STINEBRING, MORRIS
17133 GOLF VISTA CT.
ODESSA, FL 33556 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: DP () Delete
Name: MILLER, BILL
Address: 39650 US 19TH NORTH #331
City-St-Zip: TARPON SPRINGS, FL 34689

Title: DV () Delete
Name: BEASLEY, JIM
Address: 17121 TARGET WAY
City-St-Zip: ODESSA, FL 33556

Title: DST () Delete
Name: ROBERTSON, HENRY
Address: 12411 SLOW PULL LN.
City-St-Zip: ODESSA, FL 33556

Title: D () Delete
Name: ETHERIDGE, JASPER R
Address: 6257 TULIP DR.
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: D () Delete
Name: DAVIDS, ROBERT A
Address: 3299 TANGLEWOOD TRAIL
City-St-Zip: PALM HARBOR, FL 34683

Title: D () Delete
Name: FOURAUREAN, DENNIS
Address: 8920 S. MOBLEY RD.
City-St-Zip: TAMPA, FL 33626

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: BILL MILLER

PRES

04/25/2006

Electronic Signature of Signing Officer or Director

Date