2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# N98000002653

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
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 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 DP 04/23/2008

Electronic Signature of Signing Officer or Director — Date