


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90074 020 ***150.00

DOCUMENT # P00000114883
 1. Entity Name
 NAVIGY HOLDINGS, INC.



Principal Place of Business
 4800 DEERWOOD CAMPUS PAKWY
 BLDG 100 7TH FLOOR
 JACKSONVILLE, FL 32246-8273


Mailing Address
~~50 N. LAURA STREET~~
~~SUITE 2600~~
~~JACKSONVILLE, FL 32202~~

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 4800 Deerwood Campus Pkwy
 Suite, Apt. #, etc.
 Building 100, 7th Floor

City & State
 Jacksonville, FL

Zip
 32246



04102007 Chg-P CR2E034 (12/06)

4. FEI Number
 59-3688054

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 JOLLY, AREZOU C
 4800 DEERWOOD CAMPUS PAKWY
 BLDG 100 7TH FLOOR
 JACKSONVILLE, FL 32246-8273

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DCEO	GRANTHAM, L. JOSEPH <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	4800 DEERWOOD CAMPUS PAKWY	NAME	
STREET ADDRESS	JACKSONVILLE, FL 32246	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE S	JOLLY, AREZOU C <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	4800 DEERWOOD CAMPUS PAKWY	NAME	
STREET ADDRESS	JACKSONVILLE, FL 32246	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE DP	HARDEMAN, DONALD M <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	4800 DEERWOOD CAMPUS PAKWY	NAME	
STREET ADDRESS	JACKSONVILLE, FL 32246	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE D	DOERR, R. CHRIS <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	4800 DEERWOOD CAMPUS PAKWY	NAME	
STREET ADDRESS	JACKSONVILLE, FL 32246	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE T	READ, TIM <input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Read, Kim
NAME	4800 DEERWOOD CAMPUS PKWY	NAME	
STREET ADDRESS	JACKSONVILLE, FL 322468273	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Arezou C. Jolly 4-11-07 904-905-6024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #