


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-20-2007 90074 017 ***150.00

DOCUMENT # P00000115995

1. Entity Name
 NAVIGY, INC.



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

Mailing Address
~~50 N. LAURA STREET~~
~~SUITE 2000~~
 JACKSONVILLE, FL 32202

40072210



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

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)

6. Name and Address of Current Registered Agent
 JOLLY, AREZOU C.
 4800 DEERWOOD CAMPUS PKWY
 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO GRANTHAM, L. JOSEPH 4800 DEERWOOD CAMPUS PKWY JACKSONVILLE, FL 322468273	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HARDEMAN, DONALD M 4800 DEERWOOD CAMPUS PKWY JACKSONVILLE, FL 322468273	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOERR, R. CHRIS 4800 DEERWOOD CAMPUS PKWY JACKSONVILLE, FL 322468273	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T READ, KIM 4800 DEERWOOD CAMPUS PKWY JACKSONVILLE, FL 322468273	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOLLY, AREZOU C 4800 DEERWOOD CAMPUS PKWY JACKSONVILLE, FL 322468273	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #