OFFICERS AND DIRECTORS

HALPERN, MICHAEL

209 DUVAL STREET

KEY WEST, FL 33040

SAUNDERS, SCOTT A

KEY WEST, FL 33040

201 FRONT STREET, BLDG 21, SUITE 109

## **FILED** 2008 FOR PROFIT CORPORATION Apr 23, 2008 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # P04000076237 1. Entity Name FURY ACQUISITIONS INC. Principal Place of Business Mailing Address P.O. BOX 1238 201 FRONT ST, BLDG 21 **SUITE 109** KEY WEST, FL 33041 KEY WEST, FL 33040 CR2E034 (11/05) 04112008 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number 20-1113110 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HALPERN, MICHAEL DO NOT WRITE 209 DUVAL ST KEY WEST, FL 33040 IN THIS SPACE 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 apoxicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees

U00000915979 05/12/08-80010-010 150.00

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 flustee 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 with all other like empowered

SIGNATURE:

10. TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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AME OF SIGNING OFFICER OR DIRECTOR