

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000107427

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: FIREFLY INTERNATIONAL, INC.

## Current Principal Place of Business:

442 W KENNEDY BLVD  
SUITE 220  
TAMPA, FL 33606

## New Principal Place of Business:

## Current Mailing Address:

442 W KENNEDY BLVD  
SUITE 220  
TAMPA, FL 33606

## New Mailing Address:

FEI Number: 20-3260832

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WALKER, TODD  
442 W KENNEDY BLVD  
SUITE 220  
TAMPA, FL 33606 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DIR (X) Delete  
Name: HAYES, CURTIS  
Address: 12600 SEMINOL BLVD SUITE A3  
City-St-Zip: SEMINOLE, FL 33778

Title: DIR ( ) Delete  
Name: COIA, DAVID S  
Address: 1123 OVERCASH DR  
City-St-Zip: DUNEDIN, FL 34698

Title: DIR ( ) Delete  
Name: SURRENCY, JEFF  
Address: 1123 OVERCASH DR  
City-St-Zip: DUNEDIN, FL 34698

Title: DIR ( ) Delete  
Name: ARCHER, SCOTT  
Address: 15974 N 77TH STREET  
City-St-Zip: SCOTTSDALE, AZ 85260

Title: DIR ( ) Delete  
Name: LIPPINCOTT, OLIN G  
Address: 4939 ST. CROIX DR  
City-St-Zip: TAMPA, FL 33629

Title: DIR ( ) Delete  
Name: WALKER, TODD  
Address: 442 W. KENNEDY BLVD SUITE 220  
City-St-Zip: TAMPA, FL 33606

## 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTHA E. SASSONE

CFO

04/30/2008

Electronic Signature of Signing Officer or Director

Date