

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000107427

FILED
May 01, 2009
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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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:

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: DAVID S. COIA

DIR

05/01/2009

Electronic Signature of Signing Officer or Director

_____ Date