

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000145407

FILED
May 10, 2007
Secretary of State

Entity Name: FIREFLY NETWORK SOLUTIONS INCORPORATED

Current Principal Place of Business:

2217 PERRY AVE
SPRING HILL, FL 34609

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 270532
TAMPA, FL 336880532

New Mailing Address:

2217 PERRY AVE
SPRING HILL, FL 34609

FEI Number: 20-3697167

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZIMMER & LAWSON ACCOUNTING SERV INC
2403 STATE STREET
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

TAX SAVERS
17179 BONNIE AVE
PORT CHARLOTTE, FL 33954 US

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: BETH WILSON

05/10/2007

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: TREA () Delete
Name: CLINE, AARON
Address: 2217 PERRY AVE
City-St-Zip: SPRING HILL, FL 34609 US

Title: VP () Delete
Name: HARTMANN, JUSTIN
Address: 4255 W. HUMPHREY ST #813
City-St-Zip: TAMPA, FL 33614

Title: PRES () Delete
Name: NUNEZ, GERALDO
Address: 8703 MCADAM PL
City-St-Zip: TAMPA, FL 33634

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:

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: AARON CLINE

TREA

05/10/2007

Electronic Signature of Signing Officer or Director

Date