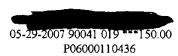
## 2007 FOR PROFIT CORPORATION ANNUAL REPORT



	<u>-</u> _												
DOCUMENT # P06000110436  1. Entity Name DRAGONFLY HOSPITALITY, INC.							07	FILED		<del>-</del>			
					<b>1000</b>	25.	01	HAL 43 L	¶ び ∠t	5			
Principal Place of Business 900 SPRING GARDEN RANCH ROAD DELEON SPRINGS, FL 32130			Mailing Address P.O. BOX 1189 DELEON SPRINGS, FL			SECI TALL	RETARY OF AHASSEE, F	STATE LORIDA					
2. Principal Place of Business - No P.O. Box #			3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.				05232007	Chg-P	CR2E0	34 (12/06)			
City & State			City & State			4. FEI Numb			<del> </del>	plied For Applicable			
Zip	Count	<u>,</u>	Zip Coun		utry		5. Certificate	of Status Desired		\$8.75 Add Fee Require			
	6. Name and Ad	dress of Current	Registered Agent		I		7. Name and	Address of New R	legistered A	gent			
MASSEY-HELMS, KELLI 900 SPRING GARDEN RANCH ROAD					Name Street Address (P.O. Box Number is Not Acceptable)								
DELEON SPRINGS, FL 32130									•				
: :							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													
FILE NOWIN FEE IS \$150.00 9. Election Campaign F Trust Fund Contribut					-		00 May Be ed to Fees	In accordance of corporation did	with s. 607. not receive	.193(2)(b), the prior r	F.S., the notice.		
10.		OFFICERS AND	DIRECTORS	11.			ADDITIONS	/CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 1)		
ग्राप्त	PTD	☐ Detete	Delete TITLE						Change	Addition			
NAME	MASSEY-HELMS, KELLI				HE .					-			
STREET ADDRESS 1	900 SPRING GAI		CAO		EFI ADDRESS - ST-2IP								
THLE	DELEON SPRINGS, FL 32130				- SI-2P					Channe	- Addition		
NAME					Ę.					☐ Change	☐ Addition		
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1. I hereby 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 frue and occurate 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 the 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 their like empowered.													
SIGNATURE:													
SIGNATURE:    SIGNATURE AND DEPENDENT PRINTED HAME OF SIGNING OFFICER OR DIRECTOR   Date   Deputing Proces													